



Permission Slip for Youths

Parents/guardians and participants **MUST** read and sign these statements

NAME OF PARTICIPANT:

(Last)

(First)

(MI)

PARENT/GUARDIAN CONSENT

I have been provided a schedule of the proposed activities and I am aware of the purpose of the Camping.OUR Conference. I understand that my youth will be housed in a community center and that all planned activities should be appropriate for the program participants. In the event of injury or illness, all reasonable efforts will be made to obtain necessary medical care. I have been advised that neither Triangle Foundation nor Affirmations provides any medical health coverage to participants.

I understand that authorized members of the media may be present at the Camping.OUR Conference and may request to interview, photograph or take video footage of my youth. These individuals will be there with the permission of Triangle Foundation and Affirmations with the knowledge of the issues discussed at the Camping.OUR Conference.

I hereby voluntarily consent and give permission for my youth, _____, to attend the program, and I accept the normal risks associated with the planned activities, the possibility that my youth may be photographed and/or interviewed, and that conversations of a sensitive nature will take place among youth with trained staff and professionals present.

Signature of Parent/Guardian

Date

EMERGENCY NOTIFICATION:

In the event of an emergency, please notify the following person:

Name: _____ Relationship to Participant: _____

Address: _____

City State Zip: _____

Day phone: (____) _____ Night Phone: (____) _____

ALTERNATE EMERGENCY NOTIFICATION:

Name: _____ Relationship to Participant: _____

Address: _____ City State Zip: _____

Day phone: (____) _____ Night Phone: (____) _____