

PERMISSION SLIP



Participant Name:

I give permission for the child named above to attend the Future Zoo Crew 3-Day Camp on _____ (Dates attending the camp).

Is there any allergies or medical conditions we should know about? _____

Signature of Parent or Legal Guardian Printed name of Parent or Guardian Date

EMERGENCY CONTACT INFORMATION

Parent(s)/Guardian(s)

Phone Type
(Home, Mobile,
etc.)

Phone Numbers

Name(s)

Street Address

City

State Zip

Phone Numbers	Phone Type (Home, Mobile, etc.)

Parent(s)/Guardian(s) Email address(es)

Email address(es) to reach Parent(s)/ Guardian(s)