

Permission/Release Form

I give my permission for _____ to go with
(Name of Youth Companion)
_____ and participate in the following named activity.
(Name of Adult Companion)

Activity: _____
Date: _____ Location: _____
Limitations: _____

I give my permission for _____ (name of youth)

To receive appropriate medical treatment should that become necessary.

Allergies: _____

Medication: _____

In case of emergency, please contact: _____

Relationship: _____ Phone: _____

Parent/Guardian Signature

Date

For office use:
CfC staff signature: _____ Date received: _____