

Smoky Mountain CISV Overnight Permission Form

Participant(s):

First Name:

Last Name:

Age:

Date of Birth:

Parent(s) and Telephone where a parent/guardian can be reached during the overnight:

Father's Name:

Phone:

Mother's Name:

Phone:

Parent Email(s):

Primary Address of Participant:

Does your child have any allergies, special health concerns or medical conditions that might affect her/his participation? _____

Does your child have special dietary requirements? _____

Does your child need/require special medicine? _____

I, _____, parent/legal guardian of the above participant(s),
give permission for my child to stay overnight at CISV Fun Day at Westminster Presbyterian Church

on Northshore:

Parent/Guardian's Signature

Date: