**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 E mail(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 the CISV Fun Day**

Parent/G uardian's Signature Date: