

Permission Slip for Halloween Camp Out

Friday October 21st-22nd

I _____ (Parent/Caregiver) give
_____ (Student name) -permission to
attend the Halloween Campout at St. Peter's Episcopal
Church October 21st-22nd.

I _____, (Parent/Caregiver) authorize
Matt Harbison or any other chaperone from St. Peter's to
consent to any and all emergency medical treatment deemed
necessary by a physician. I agree to pay for all
emergency medical treatment and to hold St. Peter's
Episcopal Church harmless there from. I release St.
Peter's, their agents, and employees from any and all
liability arising out of or resulting from any harm,
injury, or damage, which may befall my child, whether seen
or unforeseen.

Participants signature _____

Date _____

Number where I can be reached _____

Number in case of emergency _____