



Sacred Heart Knanaya Catholic Youth Ministry (KCYM)

Summer Retreat/Camp

Bishop Lane Retreat Center
7708 E. McGregor Road, Rockford, IL
July 04, 2007 to July 07, 2007

PERMISSION SLIP

(Required from parents of participants who are younger than 18).

My son/daughter _____ has my permission to attend the KCYM retreat/camp to be held at Bishop Lane Retreat Center, Rockford, IL.

Phone # where a parent/guardian can be reached: _____

Parent/Guardian signature: _____ Date: _____

ATTENTION PARENTS/GUARDIAN AUTHORIZATION FOR MEDICAL TREATMENT

In the event that the undersigned or my child's physician cannot be reached, and in the judgment of the adult supervisors, there is a necessity for immediate examination and/or treatment of my child, I authorize any of the aforesaid personnel to obtain for my child such medical service deemed necessary.

Participant Name (Please print): _____

Parent/Guardian signature: _____

Family physician name: _____

Physician contact phone: _____

Health Insurance Provider: _____

Health insurance ID#: _____