

Winter Youth Retreat Parent Permission Form

Full Name of Youth: _____

Date of last tetanus shot: _____ Food Allergies: _____

I give my permission for:

1. The use of photographs and videos of my child and myself to be used in event publicity:
2. For the release of medical records in case of illness or injury
3. And for this youth to engage in all WYR activities, except as noted by me and/or an attending physician.

Signature of parent guardian

Printed Name

Date

Emergency phone number(s) for parent(s): _____

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