

Sleepover permission form (return this page)

I, the undersigned parent/guardian of _____, do hereby grant permission for my child to attend: Junior Youth Sleepover, 27th September - 28th September 2024 with MAGNETIK Youth Group.

School Year: _____ Male / Female

I give permission to the leaders, Kirk Watkinson or his designees, to seek any necessary, emergency medical treatment for my child. I understand that every effort will be made to contact me prior to any treatment. Photos will be taken during this weekend. I give permission for my child's photo to be used for advertising future camps at Kingswood Anglican Church.

Does your child have any dietary requirements, allergies or medical needs?

Yes/No

If so, please specify:

Anything you would like us to be aware of? If so, please specify:

Signed: _____ Date: ___ / ___ / ___ Parent Name: _____
Emergency Contact Number: _____