



Minor Overnight Event Permission Slip

I give permission for (child's name) _____ to travel to and participate in:

Event Name: _____ Event Date: _____

Event Location: _____

I designate and appoint (chaperone's name) _____ as temporary guardian and chaperone of my child. I hereby give permission for the above named adult to make all decisions as deemed necessary and appropriate in the best interests of my child during the above time period. I do hereby authorize the above named adult to consent to whatever emergency medical, surgical, or dental care is considered necessary in the best judgement of the attending physician, surgeon, or dentist. I agree to pay for such medical care whether or not the costs are insured by my health insurance. I understand that the above named adult will attempt to contact me, by telephone is possible, before such care is administered.

I understand that my child is to abide by all rules and regulations governing conduct during the event and that any violation of these rules and regulations can result in my child being expelled from the event and sent home at his/her expense, the temporary guardian's/chaperone's expense, and/or my expense.

A current copy of the child's Waiver of Liability and Hold Harmless Agreement (Amtgard Waiver) must be attached.

Parent(s)/Guardian(s) Phone Number(s): _____

Name of Medical Insurer: _____ Policy Number: _____

Emergency Medical Contact Number(s): _____

Medical History of Note for Child: _____

Medication Child is Taking: _____

Allergies / Medications to Avoid: _____

Parent Consent

I have read, understand, and agree to all provisions stated above. I give my permission for my child to attend the event listed above.

Parent Name: _____ Parent Signature: _____

Address: _____ Date: _____

Temporary Guardian/Chaperone Consent

I, the undersigned, am the adult name above. I will participate in the event as the chaperone for the child that been specifically entrusted to my care by his/her parent(s)/guardian(s). I understand that, as a temporary guardian/chaperone, it is my responsibility to actively and at all times supervise any children who have been entrusted to my care. By signing this agreement, I acknowledge and agree that I have never engaged in, been charged with, or been convicted of, a crime of a sexual and/or violent nature.

Name: _____ Signature: _____

Address: _____ Date: _____