

Alaska Alateen Permission and Medical Form for Alateen Camp

Name of Alateen: _____ Date of Birth: _____

Any medical conditions we need to be made aware of? _____

Emergency contact#1: _____ Tel.#: _____

Emergency contact#2: _____ Tel.#: _____

I am giving permission for _____ (name of Alateen) to attend Alateen Camp on Saturday, September 30, 2017. I will pick up my Alateen at 4 PM.

Signature of Parent/Guardian Date

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