

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 give permission for _____ (Alateen) to attend Alateen Camp on Saturday, September 22nd, 2018, and for any medical emergency care to be initiated, if necessary, awaiting communication with the emergency contacts named above. I will pick up my Alateen(s) promptly at 2 PM.

Printed Name of Parent/Guardian/Proxy

Signature of Parent/Guardian/Proxy

Email address of Parent/Guardian/Proxy

Date

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