

MCYC Permission Slip

_____ has permission to attend Michigan Christian Youth Camp in Attica Michigan from October 11, 2017 to October 13, 2017. I give permission for my child to travel to and from MCYC.

Child's Birthdate: _____

Health Insurance Name: _____ Policy #: _____

Medication that my child takes that will need to be administered at camp:

My child is subject to (circle any that apply)

Headache	Talking in sleep	Spasms	Draining ears
Nose Bleeds	Sleep Walking	Hay Fever	Nightmares
Bed Wetting	Asthma	Indigestion	Motion Sickness
Fainting	Sinus Infections	Hysteria	Constipation

Any other information we should know about your child while we are at camp:

Cell Phone Number(s) to be called in case of an emergency:

Parent's Signature: _____

Date: _____