

Sky Lodge Christian Camp
Parental Permission Slip for Supervision of Minor Child(ren)

I, the undersigned, am the parent or legal guardian of the following minor child(ren):

Name(s) of Minor Child(ren): _____

I hereby give permission for:

Name of Supervisor: _____

(Relationship to child(ren)): _____

to serve as the responsible supervisor for my child(ren) during Family Camp at Sky Lodge Christian Camp, located at:

Sky Lodge Christian Camp
N4855 County Road Y
Montello, WI 53949

Camp Dates: From _____ to _____

I understand that by giving this permission, I am authorizing the above-named individual to act in a supervisory capacity on my behalf during the Family Camp event. This includes making reasonable decisions concerning the care and well-being of my child(ren), including participation in camp activities, basic first aid, and general supervision while at camp.

I acknowledge that I am still legally responsible for my child(ren) and that this authorization does not transfer legal guardianship.

Emergency Contact Information:

Parent/Guardian Name: _____

Phone Number(s): _____

Alternate Emergency Contact: _____

Phone Number: _____

By signing below, I confirm that I have the legal authority to grant this permission and that the information provided is accurate.

Signature of Parent/Guardian: _____

Printed Name: _____

Date: _____