



Fall Retreat Permission Slip

I give my permission for _____ to stay at Camp ECCO for the weekend of October 5th through October 7nd.

Emergency Contact Information:

Camper's Name _____

Contact's Name _____

Relationship _____

Home phone _____

Mobile _____

In case you cannot be reached please provide a secondary contact:

Contact's Name _____

Relationship _____

Home phone _____

Mobile _____

Please provide any allergies the camper might have:

Signature of Parent or Guardian:

_____ Date: _____