

Revolution Youth Permission Slip

Fall Retreat

Camp Loucon Retreat and Training Center
8044 Annetta Rd.
Leitchfield, KY 42754

_____ has my permission to attend the Revolution Youth Fall Retreat, on November 7-8, at Camp Loucon. I understand that neither the chaperones, or Revolution Church assumes responsibility for any injury or cause of injury incurred at this event.

My child has the following allergies/medical conditions that you should be aware of:

In an emergency please contact _____

At this number _____

I have read this paper and give my child permission to attend the Fall Retreat.

Signature

Date