



29<sup>th</sup> Biennial Conclave  
July 24-28, 2024

**YOUTH ACTIVITY PERMISSION SLIP**

I give my child permission to participate in the Gem's activities for which I have registered. By signing below, I indicate that I will not hold Charms, Inc. or any of the designated chaperones responsible for lost articles, damages or an injury that might occur.

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Telephone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL AUTHORIZATION**

In the event my child needs medical care, I give permission for my child to be transported to any appropriate hospital or medical facility and I grant permission for any qualified medical personnel, including EMS, to render necessary emergency care until I can be contacted.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Physical Restrictions/Medical Considerations \_\_\_\_\_

Allergies: \_\_\_\_\_

Type of Medical Insurance: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Telephone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_