



Family Reunion
at Disney's Magic Kingdom
Permission Slip

The Orlando Youth Alliance requests permission for your child to participate in a trip to Disney's Magic Kingdom. Youth members will be chaperoned by adult facilitators, carpooling arrangements are being made by Orlando Youth Alliance.

OYA Members should meet at Old Navy by no later than 7:30 am. Youth members are strongly encouraged to bring sunblock and a water bottle.

Youth members should also bring money for lunch/snacks.

Event Details

Date: June 2, 2018 from 7:30 am to 11:00 pm

Carpool Drop-off /Pick-up Location:

Parking Lot in front of Old Navy, 2566 E Colonial Dr, Orlando, FL 32803

Event Location: Disney's Magic Kingdom at The Walt Disney World Resort, 1180 Seven Seas Dr, Lake Buena Vista, FL 32830

Facilitator Information

Facilitator name: Michael Slaymaker

Phone number: 407-666-7727

Please keep this page for your personal record.

Please complete the second page in full and return to OYA before the activity.

info@orlandoyouthalliance.org

Youth Member Information

Name: _____

Address: _____

Phone number: _____

Date of Birth: _____

Parent Information:

Name of Parent or Guardian: _____

Address: _____

Primary Phone: _____ Secondary Phone: _____

Relationship to Youth Member: _____

IN CASE OF EMERGENCY

Every effort is made to provide a safe and secure environment for your child at Orlando Youth Alliance events. In case of an emergency, the parent listed above will be contacted. In order to better to protect the safety and health of your child, we request that you provide the following information.

Please provide another contact (not living at the same address) whom you authorize to act on your behalf should you not be available.

Emergency contact Name: _____

Address: _____

Phone Number: _____

Relationship to Parent/Youth Member: _____

PLEASE INDICATE ON THE BACK OF THIS FORM

- ANY HEALTH CONDITIONS YOUR CHILD MAY HAVE.
- ANY MEDICATIONS YOUR CHILD TAKES, INCLUDING RESCUE INHALERS AND INSULIN.
- ANY DIET/MENTAL/PHYSICAL RESTRICTIONS

Please indicate if your child has your permission to take such medication (if applicable) while attending the event. You may also include the name of the hospital or doctor of your choice and their phone numbers.

My child, _____, has my permission to attend Family Reunion @ Disney's Magic Kingdom on June 2rd.

Additional remarks on the back of this form (check if applicable)

(Parent's Signature) (Date)