

Family Church, Inc. Permission Slip

2500 Hwy 104
Pine Bluff, AR 71602

CONSENT AND RELEASE FROM LIABILITY

I, the Parent/Guardian, of

_____ Child DOB: ____/____/____ School Grade: _____

hereby give my approval to his/her participation in any and all activities at **Camp Dry Gulch USA** during the week of **July 29-August 2, 2009**. I assume all risks and hazards incidental to such participation, including transportation to and from activities. I do hereby waive, release, absolve, and indemnify Family Church, Inc., its servants, and participants, as well as transporting the above named child to and from related activities, for any injury or action resulting in a medical claim. I also give the physician/hospital selected by the program supervisor permission to secure proper treatment for my child, should it become necessary. I also assume responsibility of all medical expenses incurred. I give Family Church, Inc. my permission to transport my child(ren) in the vehicle of their selection.

Physician's name: _____ Phone: (____) _____ - _____.

Parent/Guardian signature: **X** _____

MEDICAL CARE PERMIT

I hereby authorize emergency medical care or first-aid treatment as needed for _____ in the event of illness or injury during any sponsored activity of Family Church, Inc. This permit is in effect until I give Family Church, Inc. written notice to the contrary.

Parent/Guardian signature: **X** _____

Health Insurance Company: _____

Subscriber's Name: _____

Policy Number: _____

Insurance company's emergency phone: _____

EMERGENCY INFORMATION

	Parents	Nearest Relative	Neighbor
Name			
Address			
Phone			

Has he/she had any surgery or serious illness within the last 3 years? ____yes ____ no. If yes, explain:

Is he/she required to take any medication? ____yes ____ no. If so, for what reason and how often?

Does he/she have any allergies or allergic reaction to any medication? ____yes ____ no. If yes, explain.

Is he/she presently under a doctor's care? ____yes ____ no. If yes, explain.