

**MINOR PERMISSION SLIP
EMERGENCY TREATMENT AUTHORIZATION/MEDICAL RELEASE**

EVENT: Game Changers Kid Camp – Overnight Camp-in
EVENT DATE(S): Friday, August 3rd, 2018 into Saturday, August 4th, 2018
EVENT LOCATION: The Union at Living Faith Church

DIRECTOR OF CHILDREN’S MINISTRY: Christin Norton, (703) 303-5927

INFORMATION

Minor’s Name: _____

Parent/Legal Guardian Name: _____

Address: _____

Cell Phone: _____

MEDICAL INSURANCE INFORMATION

Medical Insurance Company _____

Policy# _____

Phone Number: _____

HEALTH RECORD

Is your child restricted by certain activities? _____ Explain _____

Check if your child has had any of the following:

Heart trouble _____ Diabetes _____ Asthma _____ Allergies _____ Epilepsy/Seizures _____

Other: _____

My child is allergic to the following medications, bee stings, foods, or has other allergic reactions: _____

My child takes medications on a daily basis (please explain and give the name and type): _____

Please provide any special instructions or information for the group leaders: _____

PERMISSION & RELEASE

In consideration for Game Changers Kids Camp at Living Faith Church, as the responsible party, I hereby release, discharge and agree to hold harmless Living Faith Church and its directors, employees and volunteers, from any and all liability and claims for personal injury, sickness, or death my child may incur as a result of his/her participation in this event.

I also release, discharge and agree to hold harmless Living Faith Church and its directors, employees and volunteers, from any property damage claims I may have resulting from my child’s participation in this event and for any liability sustained as a result of any and all acts my child.

I understand that this event is an overnight camp-in, and the boys and the girls will be separated with regard to restrooms and sleeping arrangements. I understand that there will be adult guardians, ages 18 and over, who will be overseeing this event and that each guardian has passed a criminal and sex offender background check.

I further consent to the administration of first-aid and/or doctor’s care, or any other form of medical treatment necessitated by illness or injury that may require the same. In the event of the necessity of such care or treatment, I agree to hold harmless Living Faith Church, and its directors, employees and volunteers from any acts of malfeasance, and/or failure to act on the part of those chosen to administer medical care on behalf of the participant.

In all respects, this release shall apply to the individuals named as the “responsible party” in addition to the other entities or individuals named and held harmless by this document.

By signing my name below, I acknowledge this as a legal and binding agreement and give permission for my child to participate in this event.

Parent/Guardian _____
signature

_____, 2018
printed name date