

YOUNG AMBASSADORS FOR CHRIST
ACTIVITY PERMISSION FORM
Emergency Medical Information, Consent, and Release

Child's Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Birth Date	Age	Grade	Social Security #
Medical Conditions (e.g. Allergies, Medications, Limitations):		Meds. Permissible for leader to distribute, e.g. Advil:	
Date of Last Tetanus Shot:		Restricted Activities:	
Child's Doctor	Doctor's Phone #	Insurance Carrier	Policy Number
Primary Parent/Guardian Emergency Contact #s:			

Permission for the Event

- I, the undersigned Parent or Legal Guardian, give consent for my child to participate in the following activity, including those preliminary and subsequent thereto, of the Solid Rock Baptist Church:

Description of Event: Teen Snow Camp

Date of Event: January 23-26, 2017

Workers supervising the Event: Justin & Danielle Barnette, YAFC Workers

Activities, including transportation, associated with Event: bus transportation to and from camp, stop during travel, and camp activities explained in the camp information paper and website

- The activities I do not want my child to participate in are as follows: _____

Emergency Medical Treatment

In the event of a medical emergency, and I cannot be contacted at the numbers listed above, I consent to authorize the ministry leaders to make medical decisions for my child until he/she is under the supervision of a licensed physician and/or surgeon. I consent to attending physicians to diagnose and treat my child, including surgery and hospitalization. I consent to pay for this medical, dental, or hospital care or treatment and claim that no other person is required by law to give such consent.

Release of Liability

I assume all of the risks which may be encountered on these activities. I agree to not hold the Solid Rock Baptist Church and its agents or employees liable for the actions, causes of actions, claims, expenses, or damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or associated activities.

Signature Primary Parent / Guardian	Print Name	Date
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