

Park Meadows Church

Parent Consent Form for Group Activity and Medical Authorization

_____ has my permission to participate in the 2019 Rescue Week Church Camp on July 1-5 at Latham Springs Camp and Retreat Center (near West, TX).

Method of Transportation: Private Cars

Additional Information: We will leave on Monday at 2:00PM and return Friday around 11:00AM. On Friday, we will have the kids phone home before we get back so you can pick them up at the church.

T-Shirt Size: _____

Please fill in the information below:

Do you have Health Insurance? _____ No _____ Yes

If yes, Policy # _____

Name of Health Insurance Co. - _____

Health Information:

Has your child had any of the following? (Check if answer is YES)

_____ Frequent or severe headaches

_____ Asthma

_____ Ear, nose or throat trouble

_____ Heart trouble

_____ Dizziness or fainting spells

_____ Frequent colds

_____ Flu-like symptoms in the last week

_____ Shortness of breath

_____ Diabetes

List Allergies and/or Allergic Reactions: _____

List any medication you child now takes: _____

Should it be necessary for my child to have medical treatment while participating in this activity, I hereby give the person(s) in charge permission to act on my behalf to SECURE HOSPITALIZATION or medical services deemed necessary and appropriate by the physician. I absolve Park Meadows Church from any and all forms of negligence and wrong treatment incurred in the procurement and process of hospitalization and medical treatment. I understand that Park Meadows Church has no accident insurance. Any cost incurred shall be my sole responsibility.

Signature _____ Date _____

Relationship to Participant _____

Home/Work Phone _____