

**CROSSROADS BAPTIST CHURCH
CHILDREN'S CAMP 2016
PARENT OR GUARDIAN RELEASE**

Permission/Release

My child, _____, has my permission to participate in the Crossroads Baptist Church Children's Camp with CentriKid at Brewton-Parker College in Mt. Vernon, GA, from July 9-13, 2017.

I understand that all precautions will be taken to insure the safety of my child, but that neither the staff nor Crossroads Baptist Church of Valdosta will be held liable in case of accident or injury.

Signature of parent or guardian: _____

Medical Information:

List below any health problems or allergies that your child may have, such as allergies to medicines.

(Please complete Student Health History on back.)

EMERGENCY TELEPHONE NUMBERS

I MAY BE REACHED AT THE FOLLOWING NUMBERS:

WORK: _____

HOME: _____

OTHER: _____

MEDICAL RELEASE:

The above mentioned adult leader(s), under the guidance and authority of Crossroads Baptist Church of Valdosta, Georgia have my permission to seek/receive medical treatment for the welfare of my child,

(SIGNATURE OF PARENT OR GUARDIAN) _____.

-Please complete and sign below (youth under 18 years of age requires parent/custodial signatures)-

Note: Must be signed in the presence of a Notary Public.

Custodial Parent or Guardian Signature _____ Phone: () _____ Date: ___/___/___

Notary Public

On this date (___/___/___) personally appeared before me _____, personally known by me, and in my presence executed the within and foregoing permission and release form. Witness my hand and official seal this date (___/___/___).

My commission expires _____

_____ Notary Public

INSURANCE INFORMATION:

Insurance Company _____

Name of Insured as it appears on card _____

Policy Number: _____

Crossroads Baptist Church Children Health History

Name: _____ Age: _____ Height: _____

Weight: _____ Physician Name/Telephone #: _____

Emergency Contact Person and Number: _____

Did your child have a flu vaccine: YES NO Date: _____

Allergies to Drugs or Foods YES NO (please list below): _____

Current Medications and dosage (include all over-the-counter meds, vitamins, or herbal supplements): _____

List any Chronic Conditions (asthma, high blood pressure, arthritis, depression, etc):

List any past surgeries or injuries and dates: _____

List any other information that may be valuable in the treatment of your child in case of an emergency: _____
