



**Permission Form
CAMP & RETREAT Medical/Liability Release 2012**

(PRINT CLEARLY)

Student's Name: _____ Grade: _____

Gender: _____ Birth date: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Student's Cell Phone: _____

Name of Parent(s) or Guardian: _____

Cell Phone (Father): _____ Cell Phone (Mother): _____

Home Email: _____

Student's Email: _____

If unable to reach parent(s) or Guardian please contact:

_____ Phone: _____

Please list any medications, allergies, or health concerns of which we should be aware:

Family Physician: _____ Phone: _____

I understand that this information may be used for any church event during the current year based on the signature/date below. Should this information change, I will provide the church with the corrections. I understand that the employees and agents of Stonecreek Church will do everything within their power to ensure the health and safety of my child. In the event of an accident, I give permission to Stonecreek Church and its employees or agents to act on my behalf and seek immediate medical attention for my child. I will not hold Stonecreek Church or its employees or agents liable or responsible for incidents beyond their control.

I submit that all of information on this form/release is accurate and complete.

Parent/Guardian Signature

Date

Provide copy of Insurance Card (front & back) Have this form notarized before returning

Notary Signature, Date and Seal