

Medical Release & Permission Form

Youth's Name: _____ **Birth Date:** _____

Address: _____ **Phone:** _____

Insurance Company: _____ **Insurance Number:** _____

Emergency Contact Name & Phone Number: _____

I (we) hereby give permission for the above named child to attend the event named on the reverse side of this card. I (we) understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give permission to the staff or sponsor to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being.

I (we) also understand that Rothbury Community Church volunteers will be transporting my child from the church to Center Lake Bible Camp, Caberfae, and back and that my child will not be allowed to travel any other way. I understand that in the event of an incident during transportation every effort will be made to contact me.

Signed: _____ **Date:** _____
(Parent or Guardian)

Please list any medical allergies, medications being taken, medical problems, etc.
(Emergency contact: 616.309.4622)

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