

Winter Camp '2012 Permission Slip

I give my Son/daughter _____ permission to go with the PCC youth group to the Winter Camp held from Feb. 24th - Feb. 26th. In case of an emergency, if am unable to be contacted, I give the youth leaders permission to authorize treatment according to the doctor's recommendation at my expense. *I/We consent to allow photos/videos taken of the student during the event to be used for promotional purposes (church website, bulletin boards, church newsletter).*

Contact Information

Student's Full Name: _____

School: _____ Grade: _____ Age: _____

Email: _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Work phone _____ Cell Phone _____

Medical / health insurance company _____ Insurance policy no. _____

In case of emergency, notify parent or guardian _____ Relationship to minor _____

Allergies / allergic reaction of my child _____

Medicine being taken by my child _____

Other information regarding my child's health that a doctor should know _____

(signed) (date)

For Office Use Only: Date received: _____ Amnt paid: _____ Total Paid : _____ _____ _____ _____
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If you have any questions call Phil 446-8224