

Youth Weekend
@
HARVEY CEDARS BIBLE CONFERENCE

PERMISSION FORM

Name of camper: _____ Birth Date: _____

Name of parent/legal guardian: _____

Local phone #: () _____ Emergency contact # () _____

Name of health ins. Co.: _____

Policy #: _____ Subscriber: _____

Does the camper have any health issues? _____ If yes, please explain*: _____

Does the camper have any allergies? _____ If yes, please list*: _____

Is the camper taking any medications? _____ If yes, please list*: _____

Is the camper current with all immunizations? _____ If not, please explain*: _____

Date of last tetanus shot: _____

Is the camper limited from any activity? _____ If yes, please explain*: _____

In case of a life-threatening emergency, I understand that every effort will be made to contact me, the parent/legal guardian. In the event I cannot be reached, I hereby give permission to Harvey Cedars Bible Conference Staff to perform proper emergency treatment in tandem with local emergency personnel. I give permission for a member of the leadership/counselor to hold and administer medications as listed above for the duration of the retreat.

During their stay at Harvey Cedars Bible Conference campers may be photographed and video taped in public areas. If you do not give permission for these images to be used in future promotional material please check here.

Signature of parent/legal guardian

Date

*Use other side for further explanation or medication list.

Please attach a copy of the camper's insurance card.