

Teen Camping

Permission, Release and Medical Power of Attorney

1. I, the lawful parent of _____ (the child), give permission for my child to participate in Teen camping August 9-14, 2015 and release from all liability and indemnify Christian Fellowship Church and its officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost or expenses, including attorney fees, arising out of any injury or illness incurred by my child while participating in or traveling to or from the activity.

2. I authorize the leader of said event to give any and all consents and authorizations to any physicians, dentist, hospital or other persons or institutions pertaining to any emergency medications, medical or dental treatments, diagnostic or surgical procedures or any other emergency actions as our attorney shall deem necessary or appropriate for the best interest of the child.

3. I understand that the leader of the activity will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child.

I have carefully read this statement, and my signature acknowledges that I fully understand the content and meaning.

Signature of Parent or Guardian

_____ Date _____

Home Address _____

City _____ Zip _____

Email _____

Parent or Guardian Phone (w) _____

(h) _____

(c) _____

Emergency Contact: Name & Phone number:

Chronic conditions: (e.g. epilepsy, diabetes) _____

Allergies: _____

Medications: _____