



PARENTAL PERMISSION & MEDICAL RELEASE FORM

My child, (Name) _____ DOB: _____

has my permission to participate with the Indian Lake Nazarene Camp activity of:

Teen "Make A Difference" Overnighter – May 4 – 5, 2012

Local Church Name: _____

Local Church Contact Person: _____

Local Church Contact Phone #: _____

Chaperone name & phone # _____

Transportation _____

Driver: _____

Activity restrictions or Health Advisory Information _____

I hereby agree to indemnify and hold harmless the local church, or Indian Lake Nazarene Camp, or the Michigan District Church of the Nazarene, its officers, employees, and volunteer staff from any liability. I accept responsibility for any medical expenses as a result of any such injury sustained. I do herewith authorize the treatment by a qualified and licensed medical doctor for in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Medical Insurance Carrier: _____

Medical Insurance #: _____

MANDATORY: COPY OF Medical Insurance card – needs to be attached

This release form is completed and signed of my own free will with the sole purpose of contacting me for warranted issues and conditions; as well as authorizing medical treatment under emergency circumstances in my absence.

Parent or Guardian Signature _____

Emergency Phone #1 _____ Date _____

Emergency Phone #2 _____ Date _____