

Union Chapel Student Consent Form

Student name _____

Student birthdate _____ Grade _____

Guardian's name _____

Address _____

Primary phone # _____ Secondary phone # _____

Emergency contact name _____ phone _____

Emergency contact name _____ phone _____

Medical conditions

List any medical conditions we should know about _____

Consent and certification

I, the undersigned, being the parent of legal guardian of the child named above, do hereby consent to the participation of my child in following activity conducted by Union Chapel church. I certify that my child is physically fit and adequately prepared to participate in this event

Camp Forshee- May 29-31, 2018

Medical Treatment Authorization

I understand that I will be notified in the case of a medial emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that my child is injured or becomes ill.

I understand that Union Chapel Church will not be responsible for medical expenses incurred solely on the basis of this authorization. I also understand that the designated adult chaperones reserve the right to restrict my child from any activity they do not feel is within the physical capabilities of my child.

signature of parent/guardian

date