

Permission Form

PARTICIPANT INFORMATION (please print)

Name: _____ Sex: M F Birthdate: ___/___/___

Home phone: (____) _____ Parents' Names: _____

If parents are not available in the event of an emergency, notify:

Name: _____ Relationship: _____

Phone: (____) _____ Address: _____

Health Insurance Company: _____ Policy #: _____

Insurance Company phone # _____ -- _____ -- _____

Please list any current or previous health conditions or allergies that leadership should be aware of:

Please list any medications the participant is currently taking, including dose and schedule: _____

PARENTAL AUTHORIZATION - MUST BE SIGNED BY PARENT OR GUARDIAN IF PARTICIPANT IS UNDER 18. My child has permission to take part in all retreat activities under supervision and I agree Koza Baptist Church will not be held responsible for accidents or personal injury arising therefrom. In the case of medical emergency, I understand that every effort will be made to contact the parents or guardians of the participant. In the event I cannot be reached, I hereby give permission to the medical examiner selected by the Koza Baptist Staff and/or Adult Leaders to hospitalize, to secure proper treatment for, to order injection, anesthesia, or surgery for my child as named on this form.

In the event of behavioral problems, I agree to pick up my child immediately upon request.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____