

Jr./Sr. High Winter Camp Permission Slip

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Name _____

Name _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Age _____ Grade _____ Gender _____

Age _____ Grade _____ Gender _____

Home Church: GracePoint Church

Home Church: GracePoint Church

Other _____

Other _____

HEALTH/INSURANCE INFORMATION

HEALTH/INSURANCE INFORMATION

(to be filled out by Parent/Guardian)

(to be filled out by Parent/Guardian)

Parent/Guardian _____

Parent/Guardian _____

Camper Birth Date _____

Camper Birth Date _____

Emergency Phone _____

Emergency Phone _____

Family Doctor _____

Family Doctor _____

Doctor's Phone _____

Doctor's Phone _____

Family Insurance Co _____

Family Insurance Co _____

Date of last Tetanus Booster _____

Date of last Tetanus Booster _____

Please list any medical history, including medications currently on, allergies, or activity restrictions your child may have:

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In case of emergency: I hereby give permission to the hospital, physician, or dentist to provide treatment for my child. This includes injections, anesthesia or emergency surgery as deemed necessary. A reasonable attempt shall be made to contact me prior to such treatment.

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(parent/guardian signature & date)

(parent/guardian signature & date)