

Grace Community Church
Youth Camp 2017
July 31-August 3, 2017
Parental Consent Form



I give permission for my child(ren) to participate in and travel to the Camp Men-O-Lan, in Quakertown, PA to participate in all activities included in the Grace Community Church Youth Camp on Monday, July 31 through Thursday, August 3, 2017.

I am not aware of any physical limitation that would warrant not having my child(ren) participate. To the best of my knowledge, my child(ren) is(are) physically fit to participate on this trip. I understand that, as in any activity of this nature, participation may result in injury, illness or harm to my child(ren). In the event my child(ren) suffers sudden illness, accident or injury, and I cannot be reached, I give permission for any emergency treatment that is deemed necessary by a licensed physician or emergency medical professional. Grace Community Church, along with its employees, volunteers and agents, is hereby released from any claims for bodily injury, property damage or illness which may arise from my child(ren) participating in this event as the result of the negligence of participants, third parties, accidents or acts of God.

Family Physician: _____ Phone #: () _____

Medical Insurance Company (Include Group/ID#): _____

Medical Conditions to be aware of (eg: heart condition, asthma, diabetes, allergies, special medication, etc.)

Parent/Guardian Signature

Parent/Guardian Phone Number

Parents Name Printed

Date

Child's Name

Child's Name

Child's Name

Child's Name