

PARENTAL RELEASE

New Procedure: We now **require** that this form be completed for every student and mailed in along with your church registration. Online registrations are not complete until the Parental Release forms are received.

IMPORTANT MEDICAL INFORMATION:

List all medical conditions: _____

Current medicines being taken: _____ List all restricted activities: _____

Allergies: _____ Type of reaction: _____

Treatment given: _____ Date of last Tetanus Shot: ____/____/____

The PennDel District Youth Ministries will provide secondary insurance coverage for those registered for Advance. The coverage functions as an excess coverage that will assist parents by providing additional insurance if their own coverage reaches their cap on a certain injury. We are requesting each participant's specific medical insurance information. If your son/daughter is covered for sickness/injuries by your family insurance, please complete the following form.

Is Retreat Staff authorized to approve medical treatment? (circle one) Yes No

Is Participant covered by personal/family medical insurance? (circle one) Yes No

If yes, name of Insurer _____ Policy or group number _____

MODEL RELEASE:

I also consent to the use of any video footage, photos, or any other visual or audio reproduction in which my child may appear by PennDel District Youth Ministries. I understand that these materials are being used only for the promotion of PennDel District Youth Ministries, which may include recruitment and fund-raising efforts. I release the PennDel District Council of the Assemblies of God from any liability connected with the use of my child's picture or voice recording as part of any promotional, recruitment, or fund-raising program.

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship to Camper: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Notes: _____

I hereby give my child _____ permission to attend _____ Winter Retreat 2012
(first & last name) *(event)*

with my church _____ at the Bongiorno Conference Center.
(Church & City)

In case of medical emergency, I hereby give my permission for the staff member in charge to hospitalize and/or secure the services of a licensed physician, surgeon, or anesthesiologist in providing the necessary care for my child as named on this release form. I certify that my child is in good physical condition, and is able to participate in the entire camping program except for activities listed as "restricted."

Signature of parent: _____ Date: _____