

# ALLIANCE BIBLE CHURCH SUMMER ADVENTURE CAMPS FAMILY INFORMATION & PERMISSION SLIP

CHILD'S NAME	DATE OF BIRTH	GRADE JUST COMPLETED	ALLERGIES AND/OR GENERAL MEDICAL HISTORY

**Parent(s) or Guardian(s) with whom child(ren) lives:**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip Code: \_\_\_\_\_

Church Home: \_\_\_\_\_

How did you hear about the camps? \_\_\_\_\_

Were you invited by an ABC family? If so, who? \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone or Pager Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

**Emergency Contacts (who to contact in the event that the parent/guardian cannot be reached):**

Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Other #: \_\_\_\_\_

**Authorized Physician & Medical Facility:**

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Policy in the name of: \_\_\_\_\_ ID# or SS#: \_\_\_\_\_

I hereby give permission for my child(ren) to participate in the Alliance Bible Church Summer Camps and to be transported by car or van for camp outings.

I hereby release and indemnify Alliance Bible Church, it's staff, volunteers, and the C&MA from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in these events.

I give my consent for emergency medical care and/or treatment, if I cannot be reached immediately.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_