

**Columbia Baptist Church Youth Ministry**

**2008 STUDENT LIFE CAMP PERMISSION FORM**

*Please print clearly*

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

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**EMERGENCY CONTACTS: PLEASE INCLUDE AT LEAST ONE ADDITIONAL CONTACT**

Parent(s):		Phone #(s):
Parent(s):		Phone #(s):
*1 <sup>st</sup> Additional Contact:	Relationship:	Phone #(s):
*2 <sup>nd</sup> Additional Contact:	Relationship:	Phone #(s):

*\*Person(s) to contact in the event the parents cannot be reached during this trip.*

**MEDICAL INFORMATION**

Medical Insurance:	Policy Number:
Hospital or Clinic:	Phone Number:
Physician:	Phone Number:
Please tell us about any special medical situations (i.e., allergies, medications, etc.):	
Any food allergies?	

My student, \_\_\_\_\_ and I have been informed of the details of the Student Life Camp, and I give permission for him/her to participate in the Columbia Baptist Church (CBC) group attending the camp between July 1 and July 6, 2008. I understand the nature and risk level of the activities in which my student may be a participant. I give my permission for my student to ride in CBC owned or rented vehicles used for this activity. I also authorize CBC to use photographs or other media of my student taken on this trip as part of our student ministry education and advertisements. I authorize any staff member or chaperone of CBC to administer necessary first aid and/or procure necessary medical aid at or from any licensed medical facility or physician's office. I also authorize the selected physician(s) and/or medical facility to provide such medical treatment as necessary for my student. I further agree to be responsible for any medical expenses, and/or property damage incurred on behalf of or by my student.

Parent/Guardian      Printed Name      Signature      Date

Child/Participant      Printed Name      Signature      Date