



Freedom Church of the Nazarene Summer 2017 Caravan Campout May 19-20, 2017

- Permission Slip -

Name of Child _____ Girl _____ Boy _____

Address _____ Phone _____

City _____ State _____ Zip _____

Birth date _____ Age _____

Mother's Name _____ Work Phone _____

Father's Name _____ Work Phone _____

E-Mail _____

Tetanus Shot Yes _____ No _____ Date of shot _____

Allergies (foods, medicine, other) _____

Reactions _____

Medications _____

Doctor _____ Phone _____

Hospital _____ Phone _____

Health Insurance _____ Policy No. _____

Please contact the following person in an emergency

Name: _____ Relationship to child _____

Phone: _____ Work phone: _____

I give permission for my child, _____ to participate in the Caravan Campout on May 19th and 20th 2017. I also give permission for the directors to render the necessary medical attention to my child in the event of an emergency. I understand the risks involved in this activity and therefore release Lebanon/Freedom Church of the Nazarene from any liability due to an unforeseen accident that may occur to my child.

This permission must be returned to the church no later than Sunday May 14, 2017

Parent/Guardian's signature _____ Date _____