

Abundant Life Church – Student Ministries Parent Permission Form

For Staff Use:

Amount: \$ _____

Check # _____

Date Rec'vd. _____

T-SHIRT SIZE: (note: all events DO NOT include a t-shirt) ___XS ___S ___M ___L ___XL ___XXL

STUDENT NAME: _____

has permission to go with Abundant Life Church to: **High School Summer Camp at Dworshak State Park, Idaho June 27-24**

Parents/Guardian: _____

Home Ph: _____ Cell: _____ Parent e-mail: _____

Address: _____

Emergency Contact: _____ Ph: _____

Relationship: _____

Medical Information

Physician Name: _____ Phone: _____

Medical Insurance _____ Policy/Group # _____

Is the student currently dealing with any of the following: ___Asthma? ___ Seizure Disorder? ___Allergies? ___Other
If needed please attach additional information/explanation about medical concerns conditions to this form.

Will your student require medication, from home, on this trip? Yes / No
If yes, please fill out a medication permission form for ALL medications (both prescribed and OTC) your student will need on the trip.

In the event it is needed, may event medical staff or ALC adult sponsors administer over the counter medications such as Tylenol, Benadryl, Pepto Bismal, etc. to your student? Yes / No

Student's Personal Information

Circle: Male / Female Student E-mail: _____

Student Birthday: ___/___/___ Age: ___ Current Grade: ___ School: _____

Student Guidelines for Participation

- Honor the event schedule by being present and ON TIME
- Leave ALL electronics at home (ie: cell phone, I-pod, etc)
- No drugs, alcohol, any form of Tobacco, firearms or other weapons
- No public or private display of affection (PDA)
- Guys only in guys' dorms, girls only in girls' dorms.
- Honor any additional rules that may be stated specific to the event

Student Commitment

By signing below I commit to follow these guidelines and will respect ALC's Student Ministry leadership. I understand these guidelines are in affect during travel to and from the event, as well as at the event itself. I also understand if I choose not to follow the guidelines the consequences may include me being sent home from this activity at my parents' expense.

X Student Signature X Parent Initials

Liability Waiver/Consent to Treat

I do release and hereby agree to hold blameless Abundant Life Church and its employees and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with ALC events. I also release the lessor of the properties, on which the event is held, further...

In the event I cannot be reached by phone, I do authorize the Pastor of Student Ministries or ALC adult sponsors on this activity, to give consent to a physician and or hospital for emergency medical or surgical treatment while on this event. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment. I also give permission to the designated ALC SM adult to dispense to my child, the medications I have listed below. If additional instructions are needed, I will attach it to this form.

Parent/Guardian Signature: _____ date: _____