

## SPECIAL ACTIVITY PARENT/GUARDIAN PERMISSION FORM

Dear Parent or Guardian:

Please fill in and return this form with your signature to the Youth Directors before or upon arrival at the current outing sponsored by the ICFG. This form applies to all children under the age of 18yrs at the time of the attended event. Individuals under the age of 18yrs arriving at the event without a signed permission form or designated present guardian will NOT be allowed to stay at the event.

Event Name: ICFG Midwest Retreat (Camp Friedenswald, Cassopolis, MI)	Event Date(s): March 19-21, 2010
Child's Name:	Birthday:
Address:	Phone:
Parent/Guardian Name:	Phone:
Name of Family Physician:	Phone:
Insurance Company Name:	Policy Number:
Name of Person to be contacted if unable to reach you:	
Relationship:	Phone:

**Medical Care Authorization** - I will make certain that my child named above is in good health at the time of the activities. In case of medical or surgical emergency, after every reasonable effort has been made to contact me, the family physician or the relatives or friends named above, I hereby give my permission to the physician secured by the adult in charge of the activities to hospitalize, secure treatment for and to order injection, anesthesia, or surgery for my child. (In the event any such treatment is not covered by insurance applicable to the activities, I will pay the expenses incurred in such emergency treatment.)

**Disclosure** - I understand that adult supervision will accompany my child on all official activities. I also understand that the supervisors are volunteers and not trained professionals, and that the activities will involve the normal level of risk associated with such activities.

**Parent's Responsibility** - I will take the responsibility to see that my child is properly prepared for all activities, including the proper clothes and equipment, and being in good health, and will inform the supervisor of any particular physical, mental, social, or other condition of my child of which the supervisor should be aware.

Diet/special medical problems/allergies, etc.: \_\_\_\_\_  
 Dates of current immunizations, tetanus, etc.: \_\_\_\_\_

**I have read, understand and agree to the above statements.**

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