

Newfrontiers USA Celebration Midwest '17

PERMISSION FORM

(Required for any child under the age 18, not accompanied by parent/guardian)

I consent to the participation of _____ in Celebration Midwest at The Lodge of Four Seasons in Lake Ozark, Missouri, on Friday, June 16^h through Sunday, June 18th.

Parent/Legal Guardian: _____

Address _____

Home Phone: _____ Alternate Phone: _____

Child's Home Church : _____ Location: _____

In Case of Emergency contact:

Name: _____ Relationship: _____

Home Phone: _____ Alternate Phone: _____

Medical Information:

Name of your hospitalization insurance company: _____

Policy or Group Number: _____

Child's Age: _____ Child's DOB: _____ Date of Last Tetanus Shot: _____

Allergies: _____

Medications Being Taken: _____ Dosage: _____

Physical impairments, handicaps, epilepsy, or any other unusual ailments or difficulties:

Family Doctor: _____ Doctor's Telephone: _____

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I, _____, the Father, Mother, or Legal Guardian of _____, hereby authorize and give permission to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care deemed necessary. I will assume liability for any resulting expenses which are not covered by insurance. I release *Newfrontiers* USA and their employees and leaders from liability when my child is participating in activities at Celebration Midwest '17.

DATE: _____ SIGNATURE: _____

(Parent or Legal Guardian)

YOU MUST FILL OUT AND BRING THIS DOCUMENT WITH YOU. IT DOES **NOT** NEED TO BE TURNED INTO CONFERENCE COORDINATORS, BUT YOU MUST HAVE IT ACCESSIBLE IF NEEDED.