

# Newfrontiers USA Celebration Midwest '18

## 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 29<sup>th</sup> through Sunday, July 1<sup>st</sup>.

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 '18.

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.