

Sunnyvale Presbyterian Church ALL-CHURCH CAMP
EMERGENCY INFORMATION
For Unaccompanied Minors

NAME _____ BIRTHDATE _____
ADDRESS _____ CITY _____ ZIP _____
PARENT (GUARDIANS) NAMES _____
HOME PHONE _____ WORK PHONE _____
ALTERNATE PHONE NUMBER(S) _____
ADULT(S) RESPONSIBLE FOR CHILD AT CAMP _____

MEDICAL INFORMATION AND RELEASE

DOCTOR'S NAME _____ PHONE _____
INSURANCE _____ POLICY # _____
ALLERGIES _____
CURRENT MEDICATIONS _____

I, _____ give my permission for
(Parent or guardian)

_____ to participate in
(Child)

All-Church Camp with the Presbyterian Church of Sunnyvale on September 2 – 5, 2011. In the unlikely event of an emergency, I give my permission for my child to be treated by an accredited physician in an approved clinic or hospital or by paramedics and emergency medical technicians in the field. I designate the adult chaperones for the group with the authority to act on my behalf and order appropriate treatment. I further release from any liability the Presbyterian Church of Sunnyvale and its officers and adult leadership in the event of any accident en route, during and returning from camp.

(Signature of parent or guardian)

(Date)