

**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 All-Church  
(Child)

All Church Family Camp with the Presbyterian Church of Sunnyvale on September 4 – September 7, 2009. 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.

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(Signature of parent or guardian)

(Date)