

**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 August 30–September 2, 2019. 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)