

## VIBE Summer Camp Medical Permission Slip

I grant permission for the administration of first aid care by the person(s) in charge of the attached event to (Name of student) \_\_\_\_\_ and the transporting of my child under my guardianship to and from the event to qualified physicians for treatment of illness or accidents. I understand that every effort will be made to promptly notify me in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the event that I cannot be reached, I hereby give permission to the physician selected by the adult leadership to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery if deemed as necessary for my son/daughter/child under my guardianship. I also understand that there is no medical coverage for illness or injuries available through the church or any sponsoring leaders of group.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency number: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Insurance Company (in case of emergency) \_\_\_\_\_

Policy # \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

### Medical Information

It is important for us to know of any specific medical and physical information about your child under your guardianship to help insure their safety. Please complete the following...

Name of student: \_\_\_\_\_

A. Is allergic to the following foods:

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B. Is allergic to the following medications

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C. Will be taking the following medications at the time of camp:

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D. Other relevant information:

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_