

River Valley Christian Church Permission Form

(Please Print Legibly)

Name _____ Home Phone # _____

Address _____ City and State _____

Zip code _____ Age _____ Birth Date ____/____/____

I give permission for my above named child to join River Valley Christian Church,
5900 Lake Elmo Ave. N., Lake Elmo, MN 55042
on the Youth Retreat on August 8 -11, 2009 at Birch Haven in Hayward, WI.

I hereby release River Valley Christian Church, its staff, volunteers, and sponsors, from responsibility and liability for any injury or illness that my child may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any X-ray examination; medical, dental or surgical diagnosis, treatment, and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Printed Name of Parent or Legal Guardian _____

Signature of Parent or Legal Guardian _____

Date _____ Emergency phone number _____

MEDICAL INFORMATION

Allergies _____

Medications Being Taken _____

Physical Handicaps or Limitations _____

Medical Insurance Company _____

Policy Number _____

Member's Name _____

OTHER NOTES OR PERTINENT INFORMATION: