

REALITY WEEK 2010: PRIMAL

PERMISSION/LIABILITY RELEASE FORM Underground Student Movement LifePoint Church

Name _____ Home Phone _____
Address _____
City _____ State _____ Zip _____
Age _____ Birth Date _____ School _____ Grade _____

Activity Permission/Release of Liability

We, the undersigned Parents/Guardians, hereby authorize our son/daughter, to participate in the *Reality Week at Refreshing Mountain Camp* provided by Underground Student Movement. In the event of an emergency we understand that all will be done to contact us. However, if we can not be reached, we give permission to the physician selected by the Director of Student Ministries and/or Adult Leader to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for our child. Therefore, we release LifePoint Church and its agents, staff or adult chaperones as to any and all actions, claims, liabilities, losses, and costs, arising from or in any way connected with any accident involving or affecting our child (and not attributable to the negligence of such agent, staff, or chaperone) and occurring while en route to, during and/or returning from *Reality Week at Refreshing Mountain Camp*. To the best of my knowledge, our child is in good physical health. I also understand and have discussed the rules with our high school student concerning no possession and/or use of alcohol, tobacco or drugs.

Parent's Signature _____ Date _____
Cell Phone _____ Work Phone _____

In Case of Emergency Notify _____ Phone _____
Family Physician _____ Phone _____
Family Insurance Company _____
Policy Number _____

Known Allergies: _____

Please list any prescription medicines (doses/times) your child would need to take during the week:

Medications _____ Dose/time: _____
Medications _____ Dose/time: _____
Medications _____ Dose/time: _____

I give LPC staff/ adult leaders permission to give my child the following medicines if necessary:

- Tylenol Benadryl
 Ibuprofen Tums/ Pepto Bismol

Other Medical/Notes: _____
