

Chinese Grace Bible Church - Church Camp

6656 Park Riviera Way ❖ Sacramento CA 95831-1002 ❖ 916.422.4253 ❖ www.chinesegracebiblechurch.org

Parent Consent for Field Trip/Activity & Waiver of Claims and Medical Authorization

*If you have any questions, please call the church office at (916) 422-4253 during normal business hours.
(Minors, 17 years & younger, unaccompanied by their parent or guardian to Church Camp must have their parent complete this form.)*

_____ has my permission to participate in

(Name of child.)

ACTIVITY: Chinese Grace Bible Church's Annual Church Camp
Simpson University: 2211 College View Drive, Redding, CA 96003, 530.224.5600

DATE: **Saturday-Monday, May 26-28, 2018**

Notes: *See registration brochure.*

This activity will be under the supervision of **Chinese Grace Bible Church**.

Transportation will be provided by: private vehicles church van other: _____

I agree to direct the child to cooperate and to follow directions and instructions of the adults supervising the camp, whether they be paid or volunteer workers of Chinese Grace Bible Church.

Should it be necessary for my child to have medical treatment while participating in this trip, I hereby give the supervising adults permission to use their judgments in obtaining medical service for the child. I also give permission to the physician or medical personnel selected by the supervising adult to render medical treatment deemed necessary and appropriate by the physician or medical personnel.

I also understand that Chinese Grace Bible Church does not have individual medical coverage for injury or life and I will assume full responsibility for all medical expenses incurred, either personally or through my own insurance coverage.

All persons making the field trip are deemed to have waived all claims against Chinese Grace Bible Church and its paid or volunteer workers for injury, accident, illness or death, occurring during, or by reason of, the field trip. (If the field trip is outside the state of California, all adults participating in the field trip and all parents or guardians of pupils taking them out of state, on said field trip, are required to sign this statement waiving such claims.)

I have read and understood the foregoing statements agreeing to assume the responsibility stated and waive all claims as indicated. I have also directed my child to cooperate and obey with the church camp leaders.

***Use blue or black ink. Print neatly & legibly, unless otherwise specified.
This form must be received by the Church Camp registrar no later than May 20, 2018.***

Signature of Parent or Legal Guardian

Date Signed

Printed Name of Signature Above

Home Telephone Number

Street Address

Work Telephone Number

City/Zip Code

Mobile Communications: Cell Phone/Pager

Emergency Contact other than your Parent. (State Relationship)

Telephone Number

Child's Physician/Office Telephone

Health Provider/Insurance Policy#

On the reverse side list any Allergies, Medications, or Medical Conditions that applies to your child.