



Eastern PA Conference United Methodist Church
Camping Board
PERMISSION AND AUTHORIZATION FORM

This form must be completed and signed by a parent of legal guardian of the child named below, if that person is under the age of 18. This form must also be brought with the child to the scheduled event of the group named below.

My son/daughter _____ age _____
First MI Last

Has my permission to participate in all of the activities associated with the scheduled event of:

Group Name

To be held at the Innabah Camp and Retreat Center of the Eastern PA Conference of the UMC.

Signature of Parent or Legal Guardian _____ Date _____ 20__

Relationship to child named above _____

In the event of an EMERGENCY, I authorize the Group Leader of the above named group, or their designated representative to act in behalf to secure necessary EMERGENCY MEDICAL TREATMENT for:

Full Name of Your Child

Address _____ City _____ State _____ Zip _____

Signature of Parent or Legal Guardian _____ Date _____ 20__

EMERGENCY TELEPHONE NUMBER (PHONE NUMBER WHERE GROUP LEADER CAN REACH PARENT, RELATIVE OR LEGAL GUARDIAN OF CHILD ABOVE DURING THIS SCHEDULED EVENT)

Parent Phone Number () _____ Cell Phone Number _____

Relative or Guardian _____ Phone Number () _____
Name

Medical Insurance Carrier _____ Phone Number () _____
Name

Primary care Physician _____ Phone Number () _____
Name

NOTE: If primary care physician CAN NOT be reached for the referral of injured child, HMO WILL NOT pay for Emergency Room Treatment except in Limb or Life threatening emergency situations.

Therefore I, _____ will accept full responsibility for any and all emergency Room expenses.
Parent or Legal guardian Signature

ALLERGY to any drug? Yes () No () If yes, what type of drug? _____

Date of Last Tetanus Immunization _____ 20__

***** NOTE: Complete Insurance Information, SSN, etc. is required by local medical facilities before treatment can be administered to your child. *****