

I, _____, the parent/legal guardian of the child(ren) listed below, do hereby give my permission for the faculty or staff of the Four States Praise Camp to seek medical attention from a licensed health professional for my child(ren).

Printed Name(s) of Child(ren): _____

Emergency Contact Number: _____

Insurance Information

Company Name _____

Company Address _____

Policy # _____

Name of Insured _____

Signature of Parent/Legal Guardian _____

Date _____