

East Valley Chi Rho & CYF Camping Trip Permission Form

June 4-6, 2010

This form serves as both permission slip and medical release and must be signed by a parent or guardian. You **will not** be allowed to participate without this form. **Parent/Youth agree that youth will stay on site for the entirety of event.**

Youth Name _____ Prefers to be called _____

Date of Birth _____ Grade _____ Male _____ Female _____
Mo/Day/Yr

Youth address: _____

Youth's Email: _____ Church _____

High School _____

Parent/Guardian: _____ (_____)
First Last Relationship to Youth

Parent's Day Phone: _____ Evening Phone: _____

Cell/Pager Phone: _____

Others to Contact in an Emergency:

Name Relationship to Youth Phone

Current Medical Condition: _____

Allergies: ___ Penicillin ___ Sulfa ___ Poison Ivy/Oak ___ Insect Stings ___ Other: _____ (include foods)

Vaccinations: _____ Current on all vaccinations (date of last tetanus shot _____)

Has had: ___ Chicken Pox ___ Measles ___ Mumps ___ Polio ___ Scarlet Fever ___ Whooping Cough

Health Problems: ___ Sleep Walking ___ Fainting ___ Cold ___ Sinus Condition ___ Sore Throat ___ Ear Infection ___ Cramps ___
Hyperventilation ___ Convulsions ___ Diabetes ___ Heart Disease ___ Skin Disease ___ Athlete's Foot ___ High Blood Pressure
___ Other _____

Restricted Activities/Dietary Needs:

Medications currently marked with NAME, DRUG & DOSAGE.

___ Aspirin ___ Acetaminophen ___ Ibuprofen (as needed) _____ other

Name Dosage How often? Reason

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Name Dosage How often? Reason

YES NO

____ AUTHORIZATION to dispense PRESCRIPTION medications

____ OVER-THE-COUNTER MEDICINES (Such as Tylenol, Ibuprofen, Pepto-Bismol When Necessary)

____ PERMISSION FOR ADULT SPONSORS TO OBTAIN NECESSARY MEDICAL TREATMENT

FOR MY CHILD (Parent/Guardian or Emergency Contact will be contacted as soon as possible.)

Insurance Company _____ ID/Policy # _____

Name of Primary on Policy _____ DOB of Primary _____

Physician _____ Phone Number _____

SIGNATURE of Parent or Guardian

DATE