

## Permission and Medical Information/Authorization Form

<b>Participant's Name</b>	
<b>Participant's Address</b>	
<b>Congregation</b>  Prince of Peace Lutheran Church, 28000 New Market Rd. Farmington Hills, MI 48334 Phone: 248-553-3380	
<b>In Case of Emergency Notify:</b>	<b>Relationship:</b>
<b>Telephone (Home):</b>	<b>Telephone (Work):</b>
<b>If Unable to Contact the Above Person, Notify:</b>	<b>Relationship:</b>
<b>Telephone (Home):</b>	<b>Telephone (Work):</b>
<b>Allergies (Medical, Food, environmental, i.e. bee sting)</b>	
<b>Medication taken regularly:</b>	<b>Will we need to administer medication? If so please give detailed information regarding schedule and dosage.</b>
<b>Any restrictions on activity:</b>	
<b>Doctor:</b>	<b>Phone:</b>
<b>Insurance Company:</b>	<b>Policy Number:</b>

**ACTIVITY:** Fine Arts Camp 2010

**DATES:** June 21<sup>st</sup> – 25<sup>th</sup> 8:30 a.m. – 12:00 p.m.

**ADULTS  
RESPONSIBLE**

**FOR CARE:** Steve Hoelter and Prince of Peace Staff

The above participant has my permission to take part in the activity named above.

I hereby direct the adult leaders to authorize required medical treatment in the event of illness or injury and I agree to be financially responsible for such treatment.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date