

Permission and Medical Information/Authorization Form

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

ACTIVITY: Fine Arts Camp 2011

DATES: June 20th – 24th 8:30 a.m. – 12:00 p.m.

**ADULTS
RESPONSIBLE**

FOR CARE: Prince of Peace Board of Christian Education

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