

# North Metro Church's KCRG Children's Ministry 2012 iChoose Event

March 2 - 4 , 2012 at Woodlands Camp, Cleveland, GA

\_\_\_\_\_  
**Child's Name**

I, \_\_\_\_\_, hereby release my child to participate in the following activities under the supervision of the staff and volunteers of North Metro Ministries. I authorize Autumn Sines, Andrew Walden, Autumn Sines, Julie Majors, Julie Haygood, Lori Harper and/or Melanie Mickler to make emergency medical decisions in the event that I cannot be reached.

**If you are opposed to your student participating in any of the following activities please circle the activity:**

swimming hiking high/low ropes courses recreational sports/games

Does your student have any medical conditions or allergies that may be relevant to a physician in the event of an emergency? (asthma, heart conditions, diabetes, etc.) Y \_\_\_\_\_ N \_\_\_\_\_ If so, please explain

\_\_\_\_\_  
Does your student take daily medication? Y \_\_\_\_\_ N \_\_\_\_\_ If so, please list medication

\_\_\_\_\_  
Can your child take over the counter medication such as ibuprofen and acetaminophen? Y \_\_\_\_\_ N \_\_\_\_\_

## **Insurance Information:**

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Policyholder's Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Child's Birthday \_\_\_\_\_

Parent's Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Spouse Cell (if applicable) \_\_\_\_\_

***\*\*Please enclose a copy of the front and back of your insurance card.\*\****

I hereby give permission to the hospital staff in charge to administer emergency care to my student as they deem necessary. This form is valid until revoked by the Parent/Guardian who signed it. You are required to inform North Metro Ministries immediately of any change in the information presented on this form.

***This form MUST be notarized to receive emergency treatment. Do not sign until in the presence of a notary.***

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary \_\_\_\_\_ Date \_\_\_\_\_

SEAL