IMPACT CONFERENCE, OCEAN CITY, MARYLAND - 2012
MEDICAL RELEASE FORM/PERMISSION SLIP

NAME _____AGE_____SEX_____GRADE_____
ADDRESS_____
EMERGENCY PHONE_____ SPECIAL MEDICATIONS_____
ALLERGIES _____ PHYSICAL HANDICAPS _____
RESTRICTED ACTIVITIES_____
DATE OF TETANUS BOOSTER_____(Tetanus shots should be up to date)
HEALTH INSURANCE COMPANY/ADDRESS_____
POLICY NUMBER_____GROUP NUMBER_____

In case of medical emergency, I hereby give permission to the physician selected by the Delegation leader in charge to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named on this form. I certify that my child is in good physical condition and is able to participate in the entire program, other than any activities listed as restricted above.

I give Northeast Pennsylvania Youth for Christ permission for my child to take part in IMPACT Conference, Ocean City, MD March 23-25, 2012. I further agree to hold Northeast Pennsylvania Youth for Christ and its agents harmless and to indemnify them against all losses, liabilities, suits, claims, or expenses including fines, penalties, and attorney's fees due to injury or alleged injury to my child incurred in connection with the operation of the conference or transportation thereto. I also assume the responsibility of any damages to the facility he/she is assigned to that was caused by him/her.

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____

NOTARY PUBLIC DATE EXPIRATION DATE

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