



Junior Camp Registration

Medical and Permission Form

First Baptist Church, 1501 State Street in Augusta, Kansas
316-775-5466 Church
620-546-4680 Melissa Rebel-Children's Coordinator

GRADE

M OR F

CHILD'S NAME

AGE

BIRTHDATE

ADDRESS

MAIN PHONE ()

CITY

STATE

ZIP CODE

EMAIL

PARENT NAMES & ALTERNATE NUMBERS

ALLERGIES TO DRUGS OR FOODS

SPECIAL MEDICATIONS, BLOOD TYPE OR OTHER PERTINENT INFORMATION:

FAMILY PHYSICIAN

PHONE ()

OFFICE ADDRESS

Junior Camp – JULY 22-JULY 25 (for those children going into 3rd grade through 5th grade.)
At Prairie View Christian Camp in Arkansas City, KS.

Registration fee: \$185.00 (The church will pay half so your portion is \$92.50) Sponsors go for free!

To whom it may concern:

The undersigned does hereby give permission for our (my) child to attend and participate in the following activity:

Event Name: **Junior Camp - July 22nd through July 25th**

In the event of an emergency where medical treatment is required we (I) give our (my) permission to the Activity Sponsors to obtain the services of a licensed physician or dentist. Please attempt to notify us (me) immediately concerning any such emergency.

The undersigned shall be liable for all costs and expenses incurred in case of any such emergency. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by: FIRST BAPTIST CHURCH, 1501 State Street, Augusta, KS.

Hospital Insurance Yes ___ No ___

Hospital Preference _____ Participant

Insurance Co. _____ Father

Policy # _____ Mother

Emergency Phone # () _____ Legal Guardian

PARENT: PLEASE RETURN THIS FORM TO

Melissa Rebel or FBC office

Permission & Medical Release.pub (revised Wednesday, March 9th, 2017)