

GOD'S MOUNTAIN MINISTRIES CAMP 2018

Medical Release

In case of emergency, I understand that every effort will be made to contact the below named parent(s) or guardian (s). In the event that I cannot be reached or give verbal consent,

I, _____ as parent or guardian do hereby grant written permission for a qualified

(Printed Name of Parent or Guardian)

physician to give emergency medical treatment to _____.

I also hereby give permission to God's Mountain Camp to provide routine health care, and administer medications.

I understand that God's Mountain will do everything in its power to responsibly oversee participants. I will in no way hold the Directors, Managers, Volunteers or Staff responsible for any accident or illness that might befall the participant during his/her stay.

Parent/Guardian Signature:

_____ Date: _____

Please list TWO contacts below:

Name _____ Phone Number _____

Name _____ Phone Number _____