

High Point Camp Fall Fest!
Friday, November 16, 2018

Meet at Sharptown Church at 4:30 pm, travel by bus to High Point Camp,
and return to Sharptown Church for pick up at 12:30 am.

Students will be chaperoned by Bill Richie, volunteer youth leaders and volunteer parents.

Cost: \$25 cash!

SHARPTOWN PARENT CONSENT FORM

Name: _____ Age: _____ Birth date: _____

Address: _____ Phone No.:(____) _____

City/State/Zip: _____

Give at least two names and phone numbers of people to contact in case of an emergency:

Name: _____ Relationship to child _____

Phone No.:(____) _____

Name: _____ Relationship to child _____

Phone No.:(____) _____

Parents/ or Guardian Name: _____

Phone No.:(____) _____ Email Address: _____

I authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for (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 (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 Sharptown United Methodist Church.

Hospital Insurance Yes _____ No _____

Insurance company: _____ Policy number: _____

Physician's name: _____ Phone no.: (____) _____

Please list any allergies or special medical conditions your child may have. Thank you.

I do hereby give permission for (my) child _____,

to attend and participate in activities sponsored by Sharptown United Methodist Church.

Signature: Parent/Guardian: _____ Date: _____