

RRBC PERMISSION FORM

I, _____, give my permission for _____ to attend the **30 Hour Famine, April 20-21, 2012** with the **Recreation Student Ministries of Reimer Road Baptist Church**. In the event of an emergency, please contact one of the following individuals:

Name _____ Relationship _____
Phone # _____

Name _____ Relationship _____
Phone # _____

In the event that reasonable attempts to contact the above have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by a licensed physician or dentist, and the transfer of the child to any hospital that is reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history – including allergies, medications being taken, physical impairments, etc. – to which a physician should be alerted: **(This section can not be left blank. If it does not apply to the above youth, please write in NONE.)**

Medical Insurance Name & Policy # _____

Signature of Parent/Guardian Date

Address of Parent/Guardian

Refusal to Consent

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury regarding emergency treatment, I wish the following action taken:

Signature of Parent/Guardian Date

Address of Parent/Guardian