

**Camp Tecumseh**  
**Permission/Emergency Info.**  
**(1 filled out for each child & adult attending)**

NAME OF CHILD: \_\_\_\_\_ Age: \_\_\_\_\_

PARENT/GUARDIAN NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_

ALTERNATE PERSON: \_\_\_\_\_ PHONE #: \_\_\_\_\_

NAMES OF PEOPLE WHO ARE **NOT** TO PICK UP YOUR CHILD: \_\_\_\_\_

\_\_\_\_\_

***Medical Information***

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please list allergies and/or any other pertinent information that may be helpful to the accompanying adults below.

\_\_\_\_\_

\_\_\_\_\_

***Medical Release***

I (we) understand that, in the event medical treatment is required, every effort will be made to contact me. If I cannot be reached, however, I give permission to the staff or sponsor to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well being. I do not hold Grace United Methodist Church and/or any of its agents responsible for any injuries.

Signed \_\_\_\_\_ Date \_\_\_\_\_