

J.A.M. Camp 2011

Grace Community Church
GRACE KIDS Children's Ministry
159 Rochester Hill Rd · Rochester, NH 03867
(603) 332-9689 /courtney@graceplace.com

Personal Information

Name: _____

Date of Birth: _____ Male/Female

Street Address: _____

City: _____ State: _____ Zip Code: _____

Area Code & Phone: _____

Email: _____

Medical Information

Date of last Tetanus Shot: _____

Known allergies, medical problems, or physical limitations:

Please list all medications that will need to be administered while your child is at JAM Camp and include any specifications that may be necessary.

Person to contact in case of an emergency: _____

Relationship to camper: _____

Area code & Phone: _____

Insurance Information

Insurance Company: _____

Policy #: _____ Group #: _____

Name of Policy Holder: _____

please turn over →

JAM CAMP 2011 - Grace Community Church

RELEASE AND PERMISSION FORM

I, _____ (Parent/Legal Guardian) give my permission for
_____ (participant's full name), to participate with others
from Grace Community Church in _____. In the unlikely event of
an emergency, I give my permission for the above-mentioned participant to be treated by a
licensed physician in an approved emergency clinic or hospital. I, therefore, designate adult
chaperones for the group with the authority to act on my behalf and order appropriate
treatment, provide routine healthcare, administer prescribed medications, hospitalize, secure
proper diagnostic, laboratory and radiological procedures, and to order any necessary
medications, injections, anesthesia, intravenous therapy, or surgery for my child as named
above.

As a parent or legal guardian of _____, I have carefully reviewed the
document I am about to sign. I represent that my child is fit for the event and I consent to my
child's participation. I have read and understand the above contract. In consideration of
allowing my child to participate, I consent to the contract and agree that its terms shall likewise
bind me, my child, and our heirs, legal representatives and assignees.

Signature of Parent or Guardian

date