

LAKELAND PRESBYTERIAN CHURCH

Student's Name: _____ Date of Birth: _____

Student's Cell Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name _____

Cell Phone: _____ Work Phone: _____

Home Phone: _____ Email: _____

Name of physician _____ Phone (____) _____

Is camper covered by medical insurance? Yes / No

Insurance Company _____ Phone (____) _____

Group/Policy # _____ Pre-Authorization required? Yes / No
(Please provide front/back copy of card.)

Last Tetanus shot: ____ / ____ / ____

List any allergies (including medications) or medical problems:

List any medications camper is currently taking:

Policy Holder's Info: Name _____ DOB: ____ / ____ / ____

I hereby give my child consent to attend and participate in the Hope for Hattiesburg Mission Trip. This permission includes being transported by Lakeland Presbyterian Church staff and approved volunteers to First Presbyterian Church Hattiesburg and surrounding areas.

In the event of an accident or serious illness, and in the event I cannot be contacted, I hereby consent to allow camp officials to seek and obtain medical or surgical treatment for my child.

_____/_____/2018
(Signature of Parent or Guardian) (Date)