

**IMPACT CONFERENCE, OCEAN CITY, MARYLAND - 2010
MEDICAL RELEASE FORM/PERMISSION SLIP**

NAME _____ AGE _____ SEX _____ GRADE _____
ADDRESS _____
EMERGENCY PHONE _____ SPECIAL MEDICATIONS _____
ALLERGIES _____ PHYSICAL HANDICAPS _____
RESTRICTED ACTIVITIES _____
DATE OF TETANUS BOOSTER _____ (Tetanus shots should be up to date)
HEALTH INSURANCE COMPANY/ADDRESS _____
POLICY NUMBER _____ GROUP NUMBER _____

In case of medical emergency, I hereby give permission to the physician selected by the Delegation leader in charge to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named on this form. I certify that my child is in good physical condition and is able to participate in the entire program, other than any activities listed as restricted above.

I give Scranton/Wilkes-Barre Youth for Christ permission for my child to take part in IMPACT Conference, Ocean City, MD March 26-28, 2010. I further agree to hold Scranton/Wilkes-Barre Youth for Christ and its agents harmless and to indemnify them against all losses, liabilities, suits, claims, or expenses including fines, penalties, and attorney's fees due to injury or alleged injury to my child incurred in connection with the operation of the conference or transportation thereto. I also assume the responsibility of any damages to the facility he/she is assigned to that was caused by him/her.

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____

NOTARY PUBLIC

DATE

EXPIRATION DATE

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