



Name \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_ M or F Grade \_\_\_\_\_

**\*FREE\* - K-6<sup>th</sup> Grade**

Does your child require a special diet due to allergies? \_\_\_\_\_

Does your child have any other allergies of any type? \_\_\_\_\_

**Medical Treatment Authorization**

I understand that I will be notified in the event of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that my child is injured or becomes ill. I understand that Harvest Chapel will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as a parent/guardian.

I agree to notify Harvest Chapel in the event of any health changes which would restrict my child's participation in any normal activities. I also understand that the adult supervisors reserve the right to restrict my child from activities that they do not feel is within the physical capabilities of my child.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Media Release**

I hereby give consent for Harvest Chapel to take photographs & video footage of my child(ren) during camp activities for advertising, promotional materials, web page, & publications.

In signing below, I fully understand and give approval for the above mentioned transportation and media release.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



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