

# STUDENT/PARENT AGREEMENT

I \_\_\_\_\_ understand that Summer Camp is going to be extremely fun. But I also recognize that my behavior must be in compliance of the leadership presented by my youth leaders. If it becomes evident that I am noncompliant with these rules I will be sent home immediately.

I \_\_\_\_\_ understand that Summer Camp is going to be extremely fun. But I also recognize that my child's behavior must be in compliance of the leadership presented by youth leaders. If it becomes evident that they are noncompliant with these rules I understand that I am responsible for picking them up in Ocoee, TN immediately.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

# EMERGENCY MEDICAL AUTHORIZATION FORM

In the event of an emergency, I hereby give permission to the church-appointed leaders who are with my child to obtain medical assistance for my child. I also give permission to the physician selected to hospitalize and secure proper treatment for my child. By signing my name below, it is acting as my signature.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Student Allergies: \_\_\_\_\_

Student Medications: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Cell: \_\_\_\_\_