

PARENTAL AUTHORIZATION FORM



(MEDICAL DISCLAIMER)

Church City	Church Name
Name of Attendee	

CHOOSE WEEK:

Kids Camp Week
July 13-16

Kids Camp Weekend
July 17-20

Legal Guardian Authorization: The "Statement of Health" relayed in the student's registration is correct as far as I know, and the student listed on this form has permission to engage in all prescribed activities including, but not limited to, swimming, team competitions, riding ziplines, sports activities, and more except those noted by me. I give permission for the camp first aid personnel to treat the listed student in the event of a minor illness or minor injury. IN CASE OF EMERGENCY, and when I am unable to be contacted, I hereby give permission to the local physician selected by the camp to hospitalize, secure proper treatment for, order injection, anesthesia, or surgery for my student. Camp Counselor/Camp Leader refers to "a person in charge of a group of students at camp" and does not imply they are licensed to give counsel. Permission is given to Iowa Ministry Network and Sunstream Retreat Center to use photographs and video of my student for the camp video and/or future promotional purposes. I understand that Sunstream, Iowa Ministry Network, or any of its employees are not to be held personally responsible for accidents. I understand that Sunstream, Iowa Ministry Network, and their employees, volunteers, and affiliates are not to be held responsible for accident, injury, or illness contracted at any camp program; including, but not limited to, COVID-19.

Signature of Legal Guardian:	Date:
Print name of Legal Guardian:	Date:



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