

PARENTAL AUTHORIZATION FORM

(MEDICAL DISCLAIMER)

Church City	Church Name
Name of Camper	

CHOOSE WEEK:

<input type="checkbox"/> Teen Week 1 June 26-30	<input type="checkbox"/> Teen Week 2 July 10-14	<input type="checkbox"/> Kids Week 1 July 18-22	<input type="checkbox"/> Kids Week 2 July 22-25
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Legal Guardian Authorization: The "Statement of Health" relayed in the camper's registration is correct as far as I know, and the camper listed on this form has permission to engage in all prescribed activities including, but not limited to, swimming and riding ziplines, except those noted by me. I give permission for the camp first aid personnel to treat the listed camper 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 child. Camp Counselor refers to "a person in charge of a group of children at camp" and does not imply they are licensed to give counsel. Permission is given to Iowa Ministry Network to use photographs and video of my child 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:

