Student's Name	
Gender DOB	
Name of Parents/Legal Guardians :	
Home Phone: Cell Phone:	
List known allergies and/or existing medical conditions:	
List medications currently taking:	
The undersigned does hereby give permission for the child identified on this form to participate in the High School Week of Camp at Oak Hill offsite activities, including transportation by vehicle to and from. The child identified on this form understands students are expected to abide by the Program rules and will be directly responsible Chaperone. The undersigned does also authorize an adult, in whose care the minor entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dediagnosis or treatment, and hospital care, to be rendered to the minor under the gespecial supervision and on the advice of any physician or dentist licensed under the of the Medical Practice Act on the medical staff of a licensed hospital, whether such or treatment is rendered at the office of said physician or at said hospital.	that all that all le to the Head or has been ental eneral or le provisions
The undersigned shall be liable and agrees to pay all costs and expenses incurred connection with such medical and dental services rendered to the aforementioned pursuant to this authorization. Should it be necessary for the child to return home dreasons or otherwise, the undersigned shall assume all transportation costs. Further, the undersigned does also release and hereby agree to hold blameless Oa Christian Service Camp and/or its employees and agents as well as Compass Christian School, Grace Christian Church & Fairmount Christian Church and employees and agents from any and every claim arising or which may be asserted member of my family by reason of participating in the High School Week of Camp a offsite activities Program. The undersigned does also release the leaser of properti the High School Week of Camp at Oak Hill offsite activities Program is held. Further undersigned does also gives Oak Hill Christian Service Camp permission to use phy video taken at the High School Week of Camp at Oak Hill offsite activities in promomaterials.	child due to medical eak Hill ristian Church, d/or its I by me or any at Oak Hill ries on which er, the hotos and
My consent and signature are given below, which confirms that I have read and ag the above information.	ree to all of
Signature of Parent or Legal Guardian &	Date