

Student Ministries Off-Site Event Consent Form

Student Ministries: Summer Camps

Event Description: Dance Camp

Date: July 12-16, 2010

Time: 1-4 pm

Location: PORTICO gym

Activities: Learning dance routines, team building, devotionals

--Remove above for your records -----

Last Name: _____ **First Name:** _____

This section is only for first-time participants, information updates or corrections. If you know your info is in our system, you do not need to fill out this section.

PARTICIPANT'S PERSONAL INFORMATION

Birth Date (dd/mm/yy): ___/___/___ Age: ___ Grade: ___ Male Female

Home Phone: _____ Student's Cell: _____

Full Address: _____

Student's Email: _____ Parent's Email: _____

Parent/Guardian Name(s): _____

MEDICAL INFORMATION

Health Card Number: _____ Version (last 2 letters): _____

Dietary Restrictions: _____

Allergies: _____

Does your student carry an Epi-pen? Yes No

Health Concerns/Existing Medical Conditions: _____

DURING THIS EVENT I MAY BE CONTACTED BY PHONE AT:

Home: _____ Cell: _____

Alternate Contact Name: _____ Phone: _____

PARENTAL CONSENT

I have read and understand the nature of the event and the included activities. I give permission for my child/youth to participate in PORTICO's Dane Camp on July 12-16, 2010. I also give permission for the leadership of PORTICO to arrange for emergency medical attention, if deemed necessary.

Parent/Guardian Name (print)

Parent/Guardian Signature

Date