

Seventh Day Adventist Reform Movement Southeast US Field

PARENT PERMISSION AND WAIVER FORM FOR YOUTH CONVENTION

I/We, the parents/guardians of the child named below, understand the nature of the Youth Convention/Youth Camp being planned to be held at **Camp Christi, Christiansburg, VA, from August 13 to August 20, 2017.**

PERMISSION

We understand that transportation will be provided by me/us (parents) to bring my child to the camp and to take back home. We also understand that transportation during the period of the convention will be provided by the organizers, and we are in accord with the purposes of and procedures governing the convention/camp. We hereby grant permission for our son/daughter to participate. We understand that adequate and appropriate supervision will be provided.

In the event of an injury requiring medical attention, I hereby grant permission to the supervising leader(s) or staff (including volunteers) to attend to my son/daughter. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me or my emergency contact are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising leader(s) or staff (including volunteers) to take my child to the physician, dentist, or to the hospital if an accident or serious illness occurs on the camp and I cannot be located.

WAIVER

We recognize, however, that unanticipated situations and problems can arise on any camping trip or otherwise, which situations or problems are not reasonably within the control of the supervising leader(s) or staff (including volunteers). We further agree to release and hold harmless the **Southeast Us Field Executives**, its agents, officers, departments, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interests and expenses, (including attorneys' fees and costs) arising from such activities, including any accident or injury to my child's and the costs of medical services, or any cause beyond the control of SEUSF, including, but not limited to, natural disasters, civil disturbances, acts of terrorism, and wars.

In the event that my child must return from camp independently for reasons of health, accident, failure to conform to rules established by the leaders in charge, etc., we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses. This permission slip also serves as a contract that the participant and parent(s) understand and agree to the guidelines from each leader as to making up missed assignments.

Child/Youth Name (Please Print): _____

Parent or Guardian: _____

Signature(s): _____ Date: _____

Home Phone: _____ Work Phone: _____

Cell Phones: _____

Emergency contact:

Name _____ Relation: _____

Phones: _____

This Field Youth camp does/does not (**circle one**) involve recreational swimming and/or canoeing.

Please indicate your child's swimming level:

Expert **Intermediate** **Beginner** **Cannot Swim**

Please check below IF your child has sensitivity to:

Bee Stings **Nuts** **Dairy** **Latex** **Other** _____

Please check below if your child has:

Asthma **Diabetes** **Kidney Injuries** **Seizure Disorder**

Heart Condition **Other Medical Condition Required medications:**

List Other Medications:

If my child requires medication, I understand that I (the parent) am obligated to ensure that the medication will be provided and that I will send a Medication Authorization in writing.