



FALL 2019 - Student Form

****Please complete and give this form to your youth leader, along with your \$50.00 deposit, as soon as possible****

Name _____

Address _____

City, State, Zip _____

Phone _____

Youth Group Name _____ Dates Attending _____

Emergency Contacts _____

Health and Parental Permission:

List any health disorders or surgeries

List any allergies

List any current medications (including dosage and times)

This health history is correct as far as I know, and the student listed has permission to engage in all prescribed camp activities, except as noted by me. I give permission for the group leader that takes my child to IGNITE at River Valley Ranch to provide ongoing health care and to select local medical personnel to order tests and treatment as needed for the student listed. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the group leader to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the student listed.

Signature of Parent/guardian: _____ **Date** _____

Policy Holder's Name _____

Insurance Company Name _____

Insurance Company Address _____

Policy Identification Number _____

****Youth Leader: This form is for your records****