

GARBC Conference

Medical Release Form

June 24–27, 2008 • Ankeny, Iowa

My child(ren), listed below, has my permission to participate in all activities related to the 2008 GARBC Conference, both on and off the Conference site.

Name of Child / Program

(Nursery, Preschool, Children, Youth)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

In the event my child becomes ill or injured, I authorize the following actions:

1. Contact me first.
2. If I am not available, the group leaders may use their judgment in contacting a physician and following his/her instructions.
3. In case my child is involved in an accident and requires treatment, the attending physician has my permission to examine my child and begin treatment in my absence.

Please list any medical allergies, medications being taken, medical problems, or other pertinent information.

I understand that all expenses will be my responsibility or that of my insurance company.

I release the GARBC, all Conference program workers, Faith Baptist Bible College & Theological Seminary, and the city of Ankeny, Iowa, from any and all liability.

Parent's Name _____ Date _____

Parent's Signature _____

Address _____

City/State/Zip _____

Phone (home) _____ (conference) _____ (cell) _____

Insurance Company _____ Policy Number _____

Where are you staying during the week of the Conference? _____