



**Adeline Christian Camp**  
**8159 W. White Eagle Rd.**  
**Leaf River, IL 61047**



**Youth Permission Form & Liability Waiver Form**

I \_\_\_\_\_, hereby give permission  
 (Parent/Legal Guardian)

for \_\_\_\_\_ to attend \_\_\_\_\_ ACC Sister's Retreat (6th-12th graders) \_\_\_\_\_  
 (Child's Name) (Activity)

on 7:00 pm 11.15.19 to 1:00 pm 11.16.19  
 (Time / Date)

In allowing my child to participate in this activity sponsored by Adeline Christian Camp, I do hereby release and discharge Adeline Christian Camp and all of its directors, agents, and adult leaders from any and all claims, demands, actions, or causes of action on account of any injury sustained by my youth during the above named activity.

By signing this form I acknowledge that I have read and agree with its contents.

\_\_\_\_\_  
 (Signature of parent/legal guardian) (Date) (Phone)

I give permission to Adeline Christian Camp to post pictures of my child on-line. \_\_\_\_\_ YES \_\_\_\_\_ NO

Who will pick up your child at the end of the event? \_\_\_\_\_  
 (Name) (Phone)

*(Over for Medical Release Form)*

**MEDICAL RELEASE FORM**

If I cannot be reached and if in the judgment of the Youth Leaders immediate medical attention is indicated, I as parent/legal guardian of \_\_\_\_\_  
(Child's Name)

I hereby authorize a responsible Adult Youth Leader or Chaperone to send my child to an available doctor or hospital.

Date of Birth \_\_\_/\_\_\_/\_\_\_ Date of Last Tetanus Booster (if known) \_\_\_/\_\_\_/\_\_\_

Any medications that your child is currently taking \_\_\_\_\_  
\_\_\_\_\_

Known allergies including allergies to medicine \_\_\_\_\_  
\_\_\_\_\_

Any other medical/physical problems or conditions \_\_\_\_\_  
\_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Name of Parent/Legal Guardian \_\_\_\_\_  
Address/City/State/Zip \_\_\_\_\_  
Phone/s \_\_\_\_\_  
(Home) (Cell) (Work)

Person responsible for charges (if different from above) \_\_\_\_\_  
Address/City/State/Zip \_\_\_\_\_  
Phone/s \_\_\_\_\_  
(Home) (Cell) (Work)

Person to notify if parent/guardian is unavailable \_\_\_\_\_  
Phone/s \_\_\_\_\_  
(Home) (Cell) (Work)

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_