

PASSPORT*kids*sm

July 20-23, 2019

Converse College

Spartanburg, SC

For those who have completed 3rd-6th grades

Cost: \$305

Name: _____ Grade completed: _____

Address: _____

Parent or Guardian's name _____

Email: _____ Phone #: _____

To register for PassportKids Camp complete this form, front and back, and return to the church office along with \$100 deposit by April 7, 2019.

The remaining \$205 will be due by May 19, 2019.

HEALTH AND EMERGENCY CONTACT INFORMATION

Emergency Contact

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Health History

Allergies: _____

Dietary Restrictions: _____

Previous surgeries/Serious injuries: _____

Other important information, restrictions, special accommodations, etc. _____

Health Insurance Information

Carrier Name: _____ Carrier Phone: _____

Policy Holder's Name: _____ Policy Number: _____

The undersigned authorizes the Grace Presbyterian Church and its designated leaders can consent to any medical/hospital care deemed necessary. I consent to the release of this health history form to the emergency room, hospital, or doctor's office providing care. The undersigned releases Grace Presbyterian and its designated leaders from any liability or claims arising from any consent given in good faith in connections with diagnosis or treatment. The undersigned certifies that she has full authority to sign this Release and Authorization.

Signature of parent or guardian: _____

Date: _____