



New Hope Community Church 2024 Kids VBS and Youth Camp Trip Permission Slip / Emergency Form

PERMISSION SLIP / EMERGENCY FORM

Your child would like to participate in the **New Hope Community Church 2024 Kids K-5 VBS Summer Day Camp** scheduled for June 17th through June 21st, 9am – 12pm at New Hope Community Church located at 10438 Oro Vista Ave, Sunland CA, 91040 **and/or our 2024 Middle and High School YOUTH Summer Camp** scheduled for August 5th through August 9th at Thousand Pines Christian Camp in Crestline, CA. If your child will be participating in one or both camps, please complete this form and its entirety. This information is necessary should we need to contact you in case of an emergency. **No child will be allowed to participate without this form being completed and signed by a parent.** The information on this form is considered confidential and will be filed away in the New Hope Community Church office.

I give my child _____ permission to participate in the:
(Name of Student) PLEASE PRINT

New Hope Community Church 2024 K-5 Kids VBS Summer Day Camp and/or 2024 Middle and High School Youth Summer Camp. At New Hope Community Church, we believe God has called us as a community of believers to be a place that shares God's new hope with the Sunland-Tujunga community. This includes new hope for healing in our lives, our families, our schools, our local communities and beyond. Thus, our vision is: To be a ministry of ongoing transformation, in our community and in the world. We strive to be a place where anyone can come as they are to foster faith and friendships. These kids and youth programs are a way for us to bring our vision to life in our community. We invite anyone who wants to investigate the claims of Jesus or who wants to know and serve Him better to join us for worship, bible study, and fellowship.

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____

Address: _____

Phone #: _____

Emergency Phone #: _____

Student's Date of Birth: _____

Allergies: _____

Conditions requiring special consideration (medical/physical): _____

Does your child require (A) **Epipen** Yes No (B) **Inhaler** Yes No (C) **ANY MEDICATION CURRENTLY TAKEN:** (Type of medication and time of administration): _____

New Hope Community Church will NOT be responsible for administering any type or form of medication to children.

EMERGENCY CONTACTS: (Emergency Contacts are authorized to pick up my child)

Primary contact name _____

Relationship to student: _____

Phone #: _____

Work Phone #: _____

Cell Phone/Pager #: _____

Secondary contact name _____

Relationship to student: _____

Phone #: _____

Work Phone #: _____

Cell Phone/Pager #: _____

TO ANY DOCTOR OR HOSPITAL: I hereby authorize the release of my child's pertinent medical information to the appropriate professional staff. I give permission to the physician or hospital to secure treatment for him/her and to order medications, injections, anesthesia, or surgery for my child, as named above, in case of emergency. The signature below constitutes authorization to perform any necessary treatment for my child during this field trip.

HEALTH INSURANCE INFORMATION:

Company Name: _____

Policy #: _____

Group #: _____

Policy Holder: _____

PCP Name: _____

PCP Phone #: _____

(PLEASE PRINT)

Parent/Guardian Signature: _____