



## Permission & Medical Authorization for Minors Attending Outside Activities

I hereby give my child(ren) permission to attend the following activity, and if applicable, ride in the Church van, and or personal vehicles for transportation to and from:

Summer Camp at Streator Baptist Camp, Streator, Illinois

I hereby authorize the leaders and or adult volunteers of MeadowRidge Baptist Church, or trained paramedics to administer or seek first aid for my child(ren) as deemed necessary. In case of emergency, I consent to have my child(ren) transported to the nearest medical facility for such treatment as deemed necessary by medical personnel.

Name(s) of child(ren): (Please print first and last name)

---

---

---

Parent/Guardian name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_