

# Extreme Makeover: D<sup>3</sup> Edition

*Putting Belief Into Action to Serve the Community*

*Permission/Emergency Waiver Form: Please complete a separate form for each child in your family who is attending camp. Each camper must turn in this form by the first day of camp.*

*Child's Name* \_\_\_\_\_

*Birthdate* \_\_\_\_\_

*Parent's Name (s)* \_\_\_\_\_

*Please list all of the numbers where we could reach you in an emergency.*

*Home:* \_\_\_\_\_ *Work:* \_\_\_\_\_ *Cell:* \_\_\_\_\_

*Alternate emergency contact:* \_\_\_\_\_ *phone:* \_\_\_\_\_

*Medical conditions/allergies (including food allergies):*

\_\_\_\_\_

\_\_\_\_\_ *(name) will be transporting my child to and from camp.*

*Special instructions:* \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ (parent, guardian) give permission for my son or daughter \_\_\_\_\_ to attend Extreme Makeover: D<sup>3</sup> Edition the week of June 22-26. He/She may participate in all activities, including out of camp travel when it is part of the program. In the event of an emergency, if neither I nor my emergency contact person can be reached, I give my permission for emergency medical care to be provided until such time as I can be reached.

(parent/guardian entitled to give consent)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_