

I Am God's Wonder

Saturday, November 17th, 11:00 am -1:00 pm

Event for girls in grades 4, 5, or 6

Family Name: _____

Address: _____

Phone #: _____ Email: _____

**Please list all participants attending below:*

Participant's Name	Current Grade

Allergies/ Medical Conditions/Special Needs

Please list any medical conditions, special needs or special assistance needs for any participant.

Emergency Contact

Name: _____ Relationship: _____

Phone #: _____

Videotaping & Photography

I give my permission for the child(ren) listed above to participate in the videotaping and/or photographs which may be taken during the program. They may be used for future promotional efforts.

Parent/ Guardian: _____

Date: _____

First Aid & Parental Consent

I grant permission for the administration of First Aid to my child(ren) listed above by the people in charge of this program. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed necessary for my child.

Parent/ Guardian: _____

Date: _____