

# Central Indiana Awakening

## Parent Permission and Medical Release

(MUST BE COMPLETE and SUBMITTED TO ATTEND WEEKEND)

Your teenager will soon be spending time at the Central Indiana Awakening Weekend. Our leaders are committed to continuing excellence in safety by maintaining the highest level of assurance for your student. Our intention in having a Permission Slip and Medical Release is so that (1) we know that your teenager has your permission to engage in the activity that we are undertaking and (2) that, in the unlikely case of a medical emergency, we will be able to provide all the necessary care for your teenager. Please read the following and provide the appropriate information:

**I, hereby, give my permission for my teenager to participate in the Central Indiana Awakening, held at Cicero Christian Church. It is understood that during this activity each youth will cooperate with the rules and guidelines set forth by the adult leaders. I understand that in the event of an emergency, extreme effort will be made to contact me. In the same event, I give the Central Indiana Awakening leaders, permission to procure all necessary medical treatment for my teenager, and authorize the adults to act on my behalf in obtaining necessary medical care. I hereby release the Central Indiana Awakening adult leaders and Cicero Christian Church from liability for accident or illness during this weekend.**

Applying for Awakening Weekend Date: \_\_\_\_\_

Participant \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_ Phone(s) \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_ Phone \_\_\_\_\_

Other Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

If your teenager has any known allergies (especially to medications) or any physical limitations that we should know about, please explain:

List any prescription drugs your teenager will bring with them (please include daily timing and dosage):

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**PLEASE RETURN TO: Central Indiana Awakening, P.O. Box 443, Noblesville, IN 46061**