



Island

Christian Church

Ordinary People • Extraordinary God

Permission Slip

My child, _____ has my permission to travel with the Island Christian Church Group to the Word of Life Camps in the Adirondacks; leaving on Sunday, July 28th and returning on Saturday, August 3rd.

In the event of an injury, I expect to be notified immediately. In an emergency situation I can be reached at:

(home) _____,

(work) _____,

(cell) _____.

I authorize Pastor Lee Hamblen and Diane Hamblen to make any necessary decisions regarding treatment for my child, if I cannot be reached.

Please complete the following:

Allergies: _____

Medications bringing to camp: _____

Does your child have any medical/physical condition(s) of which we should be aware of? If so, please provide details:

Insurance Company _____

Policy # _____

Parent Signature _____ Date _____

Northport Campus
400 Elwood Rd.
E. Northport, NY 11731

Port Jefferson Campus
315 E. Main St.
Port Jefferson, NY 11777