

**PARENTAL AUTHORIZATION TO  
CONSENT TO MEDICAL TREATMENT**

\_\_\_\_\_  
(Print name of "MINOR" attending DAY CAMP)

\_\_\_\_\_  
(Print name of PARENT or Legal Guardian)

In case of an emergency, every effort will be made to contact a PARENT or guardian of the MINOR named above.

The above named PARENT of the MINOR has entrusted the MINOR into the care of the DAY CAMP directors, while the MINOR participates in an activity sponsored by the DAY CAMP, and for the welfare of the MINOR.

The PARENT does hereby authorize the DAY CAMP directors to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the laws of the State or County in which the medical care is being sought and on the medical staff of any hospital.

It is understood that this authorization is given in advance of any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care being required but is given to provide authority and power on the part of the DAY CAMP directors to give specific consent to any and all such examination, anesthetic, diagnosis, treatment, or hospital care which the aforementioned surgeon, or physician in the exercise of his/her best judgment, may deem advisable.

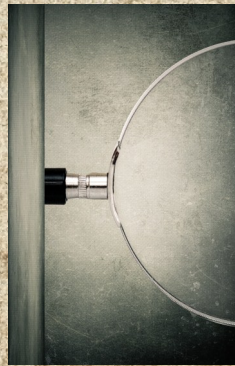
The PARENT hereby authorizes any hospital which has provided treatment to the MINOR to surrender physical custody of the MINOR to the DAY CAMP directors upon completion of the treatment.

The PARENT hereby agrees to fully pay all costs of medical or dental care incurred for the MINOR by the DAY CAMP under this authorization.

This authorization will remain effective until August 6, 2011.

\_\_\_\_\_  
PARENT or legal guardian's signature

\_\_\_\_\_  
Dated



P.O. Box 98247  
Des Moines, WA 98198



**DAY CAMP**

2011

**is on  
the  
case**



**AUGUST 1ST-5TH**

**9:00 AM - 3:30 PM**

*\$75 per child*

*\$190 Special Family Rate*

**Des Moines  
Gospel Chapel**

21914 7th Avenue South  
PO Box 98247  
Des Moines, WA 98198  
206-878-2145

## DEAR PARENT,

Summer is just around the corner and soon it will be time for **Day Camp!** Your child will be welcome to join us for another excellent week of fun games, super crafts and skills, sing-along songs, outstanding outings, and great Bible talks.



## REGISTRATION

Return the attached form with the registration fee of \$75 to:

**Des Moines Day Camp**  
**P.O. Box 98247**  
**Des Moines, WA 98198**

Please make checks payable to:

**Des Moines Gospel Chapel**

Early registration helps ensure your child's place in camp - space is limited. **To ensure getting the right T-shirt size, register as soon as possible.** Registrations will be accepted up until the Monday (July 25) before camp starts. The fee goes toward the cost of snacks, lunch beverage, a T-shirt, and camp activities. A special flat rate of \$190 is available to families with three or more Day Campers.



## QUESTIONS?

Call Des Moines Gospel Chapel  
at (206) 878-2145 or  
email us at [info@dmgc.org](mailto:info@dmgc.org)  
Office hours: 9:30 a.m. - 4:00 p.m.

## WHO CAN COME?

To be eligible for Day Camp, you must be a boy or girl who will be **entering 1st – 6th grade** this coming fall of 2011. Children are accepted regardless of race, creed, color, or national origin. Many activities will be divided into Junior and Senior age groups to facilitate learning and interest.

**Camps for older kids are available.**  
**Call (206) 878-2145 for information.**

## STAFF

The Day Camp staff is made up of volunteers who are trained for working with Day Camp children. All are individuals who are excited about spending a week with your child and count it a privilege to do so.



## WHAT TO BRING

- Sack Lunch (a beverage will be provided)
- Bible
- Gym shoes only
- Special days will require **special clothing**, such as a swimsuit or a pair of old tennis shoes. You will be notified ahead of time.

**Des Moines Gospel Chapel** has been on the present site at 7th Avenue and 219th South for over 50 years. This fellowship is non-denominational and views the Bible as authoritative and Jesus Christ as Savior and Lord. Youth activities have always been a high priority at DMGC. Our church is vitally interested in serving the Des Moines area in whatever way it can, adults as well as children.



## DAYCAMP REGISTRATION

Detach and complete **BOTH SIDES** of this form for **EACH child** attending Day Camp. Forms for additional family members are available through the church office.

Name \_\_\_\_\_

Address \_\_\_\_\_

Apartment or Suite # \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Parent email address: \_\_\_\_\_

Phone \_\_\_\_\_

Alternate phone number in case of emergency:  
\_\_\_\_\_

Grade in Fall of 2011 \_\_\_\_\_ (Circle one) M / F

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

If your child has a friend who will also be attending, what is his/her name? \_\_\_\_\_

Insurance Provider \_\_\_\_\_

Policy Number \_\_\_\_\_

List any current illnesses or medical conditions:  
\_\_\_\_\_  
\_\_\_\_\_

What drug(s), if any, is your child allergic to?  
\_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus shot? \_\_\_\_\_

Any restriction to swimming?  
\_\_\_\_\_  
\_\_\_\_\_

Any dietary or other activity restrictions?  
\_\_\_\_\_  
\_\_\_\_\_

Who is allowed to pick up your child?  
\_\_\_\_\_  
\_\_\_\_\_

**T-Shirt Size (circle one):**

Youth M / Youth L / Adult S / Adult M / Adult L

→ (over)

