

Worthy 2017 – Parental Permission Form

I give my son/daughter (child's full name) _____ permission to participate in Worthy 2017, during the dates of August 17 through August 20, 2017. I certify that my child is physically fit to travel and participate in all activities. In the event my child suffers sudden illness, accident, or injury, and I cannot be reached, I give permission for Dave Brewer to authorize any emergency treatment that is deemed necessary by a licensed physician or emergency medical professional.

Family Physician:

Physician Phone Number:

Medical Insurance Company:

Child's Medical Information (i.e., anything to be aware of: asthma, medications, allergies, etc.):

Parent's Printed Name:

Parent's Signature:

(My signature indicates my consent to the above referenced terms)