Medical Release and Permission Form

Village Creek Bible Camp Bike Trip

AUGUST 9-11, 2019

Name Birth date Grade in Fall

Address City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_ Zip

Phone ( ) - School City

In Case of Emergency Contact Phone ( ) -

Immunizations: Tetanus Current? Y N (circle one) Date Received /

Parents/Bikers/Sponsor Certification:

This is to certify that I give my child/self permission to go on the Bike-a-thon to Village Creek Bible Camp. I also give my permission, in case of emergency, to the physician selected by Sue Lyford or other adult sponsor, to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child/self as named above. I understand that I am responsible for payment of medical treatment given to myself/my child; therefore, making my insurance the primary insurance policy and the association church which myself/ my child is with, the secondary carrier.

Parent/Guardian or Adult Biker/Sponsor Signature

Date

Please list any medication the above biker is allergic to and any medication he/she is presently using on a regular basis. Indicate, in detail, the frequency and doses of medication.

Medical Insurance Company

Address City State Zip

Policy Number Phone Number

**\*\*\*\*\*\*\*\*\*\*\*\*\* Bikers and sponsor sign below\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

I agree to abide by all MN/La Crosse Association Bike Trip and Village Creek Bible Camp rules. I also understand that I must pay for any lost or damaged items of a campsite, restaurant, park or camp property.

Biker Signature Date

BRING THIS FORM WITH YOU on Friday Aug 9th. All registered bikers and adult sponsors must have a medical release form turned in the day of departure in case of medical emergency. We need the form with us on the trip!