

# Experience IBC college days 2010

International Baptist College • March 25-26, 2010

## Permission Form

I give permission for my child, \_\_\_\_\_, to attend "Experience IBC" at International Baptist College and to engage in all conference activities. I agree to be responsible for the expense of medical aid where not covered by the college's accident insurance policy. I understand and agree that any video or photos taken of my child may be used in the publications (i.e. print, video, or internet) of IBC.

Emergency Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Are there any medical/physical limitations preventing participation in any activity? \_\_\_\_\_

If so, please specify \_\_\_\_\_

Any allergies? \_\_\_\_\_ (food/medication—please list all) \_\_\_\_\_

Special dietary requirements: \_\_\_\_\_

Medications currently taking (either prescription or over the counter) \_\_\_\_\_

**ALL medication MUST be in its original container with directions labeled.**

**IN CASE OF MEDICAL EMERGENCY**, I hereby give permission to the physician selected by the College to hospitalize, secure proper treatment, and order injection, X-ray, anesthesia or surgery for my child (or the minor) named above.

DATE \_\_\_\_\_ PARENT OR GUARDIAN'S SIGNATURE \_\_\_\_\_

**Return to your youth leader or International Baptist College:**

2211 W Germann Rd, Chandler, AZ 85286

1-800-IBC-4858 • www.ibconline.edu