



Frontiersmen Camping Fellowship



MINOR Permission Form

Event _____ Location _____ Date _____

Minor's Name _____ Phone _____ Age _____

Address _____ City _____ State _____ Zip _____

Church _____

Address _____ City _____ State _____ Zip _____

Commander in charge _____ Outpost # _____

Please consider this document as written consent for my son to participate in any of the Frontiersmen Camping Fellowship activities which includes: frontiersmen crafts, workshop classes, any other activities conducted and check the boxes below that he is allow to participate in.

Black Powder loading and Shooting firearm

Knife and Hawk throwing

Flint and Steel- Fire Starting

PARENT Permission Form, Medical Authorization and Medical Information

I hereby give my permission for the above named child to attend this event. I understand the arrangements and believe that adequate precautions for the safety of my child have been, and will be provided at this event. I will not hold the local church, or Staff or Michigan Council, Inc of the Assemblies of God, responsible for accidents. I understand there will be an Emergency First Aid Station on location. In the event of an illness or accident to my child, I do hereby give my consent to the staff to administer any medical treatment deemed necessary by licensed Physicians, Dentists or Emergency Medical Personnel serving during this event.

Name of Parent or Legal Guardian

Relationship _____

Cell Phone # _____ Home Phone # _____ Business Phone # _____

Doctor Name _____ Doctor Phone # _____

Medical History : Good Health _____ Allergies? _____

Any Physical impairments (Heart, Hearing, Vision, Asthma, Diabetes etc,)? _____

Specify any medication that must be administered. Any special instructions? (use the other side if necessary)

Date of last Tetanus shot _____ Name of Insurance Company _____

Insurance ID and Group Number _____

Signature of Parent or Legal Guardian

Date

Witnessed By

Date