

National Marriage Encounter
Family Conference 2008

Children's Program Form
Thursday, July 24th 6:30pm – Sunday, July 27th 12:30pm
*(Fill out one form per child)

Child's Name: Last _____ First _____ MI _____
Home Address: _____ STATE _____ ZIP _____
Date of Birth: _____ Age: _____ Grade entering in fall _____
Parent/Guardian: _____
Father's Cell Phone () _____ Mother's Cell Phone () _____

Physician's Name _____ Phone # _____

Name of Health Insurance _____
Claims Address: _____
Policy # _____ Group # _____

Financially Responsible Party: _____
Address (if different than above) _____
Phone # (include area code) _____

We the Parents/Guardians of _____ authorize that any person/persons in charge of the Children's Program and/or anyone working with the National Marriage Encounter Conference July 24-27, 2008, to seek emergency medical/dental attention for the above named person. We expect that they would attempt to contact us first, if time allowed. We accept that we are financially responsible for the medical bills. We do not hold National Marriage Encounter, Conference Committee Members, Children Program workers or volunteers liable or negligent. Any Physician, Hospital or other health care provider or person acting in accordance to this authorization is not held liable and or negligent.

Signature: _____ Date _____

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_____ (Child's full name) may participate in the Children's Program activities and a field trip to *Memorial Aquatic Center* (large pool with various slides, and water activities – *only* Marriage Encounter children will be there – this is a private party. There *will* be certified lifeguards at the pool)

Do you authorize your child to ride a bus to Memorial Aquatic Center? YES ___ NO ___

We do not hold the person in charge liable in case of accident or injury.

Signature _____ Date _____

Behavior Expectations

We expect you to behave in such a fashion that is kind to all others and yourself during each of our sessions. You are responsible for your behavior/actions. We will not tolerate bad language, fighting, yelling or name-calling. We want our time together to be a pleasant experience for all of us. Remember the Golden Rule: Do unto others as you would want done to you.

We are counting on you,

Ryan & Susan Brookins
Children's Program Coordinators

Yes, I, _____ promise to do my best to follow these rules.

P.S. Parents will be held responsible for any damages incurred by their child/children.

****To save time at conference check-in, please have forms completed prior to your arrival.**

Authorization to Administer Medication
(Fill out one form per child)

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Effective from Thursday, July 24, 2008, 6:30pm through Sunday, July 27, 2008, Noon, I hereby give permission to any director, group leader or assistant in the 2008 Conference to administer the following medications described below to the following child.

Child: _____

Parent/Guardian Signature _____

Medication Name	Dosage	Date/Time to Administer
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Instructions

Date/Time Administered	Given by
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Medication Name	Dosage	Date/Time to Administer
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Instructions

Date/Time Administered	Given by
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Medication Name	Dosage	Date/Time to Administer
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Instructions

Date/Time Administered	Given by
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Special Conditions: Food allergies, other allergies, etc. _____