

WALLACE STATE PARK

Sponsored by:
Park Baptist Church
121 E. Park
Brookfield, Missouri
(660) 258-3391
www.parkbaptist.com



PARK BAPTIST YOUTH - WE'RE GOING CAMPING!

May 25-27, 2012

Cost \$20 per person

(Includes meals and campsite)

When: May 25-27, 2012 We'll leave Park Baptist Church @ 4:00 pm Friday, return Sunday around 2:30 pm (Pick-up @ PBC)

Where: Wallace State Park, Cameron, Missouri

Cost: \$20 (Covers food and campsite),
Max of \$40 per family

Things to bring:

- Bible
- Sleeping Bag & Pillow
- Flashlight & Tent (If you have one)
- Toiletries
- Towel
- Jacket
- Change of clothes
- Permission form on opposite page

Things not to bring:

- Cell phones (Stay in Bus)
- Radios
- MP3 players

For more information, please contact
Youth Pastor Tim Huff
Cell (816) 668-4759
Office 258-3391

**Parent/Guardian Consent To Attend Function and for
Medical, Dental, or Hospital Care**

I, _____, am the parent or legal guardian of
_____ (Hereafter "my child"), who was born on
_____. He/She may attend the youth campout at
Wallace State Park May 25-27.

I also consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray, examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for the dental, medical, or hospital care or treatment.

As a parent or legal guardian of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for dental, medical, or hospital care or treatment to be rendered to my child is legally sufficient and that no consent from any other person is required by law.

Date: _____

(Signature of Parent or Guardian)

(Print Name of Parent or Guardian)

(Home Phone Number)

(Cell or Alternate Phone Number)