

**Know Jesus
Camper Authorization for Medical Treatment**

Full Name of Youth

Your Child's last tetanus shot: _____ Allergies: _____

I give permission for my child to attend Know Jesus '08 and designate Know Jesus officials and/or youth sponsors to act in my behalf in authorizing emergency and/or routine medical care for him/her.

Signature of parent/guardian

Printed name

Date

Emergency phone number/s for parent: _____

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