

**PERMISSION WAIVER FORM FOR
THE ASBURY UNIVERSITY WINTER ACCESS
January 31 – February 3, 2019**

Dates: January 31-February 3, 2019
Times: Departing from Territorial Headquarters – January 31st at 8:00 a.m.
Returning to Territorial Headquarters – February 3rd at 9:00 p.m.

Name of student(s) attending _____

Student Cell Phone (_____) _____ Age _____ Grade in School: _____

Student Email: _____

Corps: _____ Division: _____

Corps Officer Name: _____ CO Cell Phone (_____) _____

Parent(s) and/or Legal Guardians of student (please print) _____

Home Phone (_____) _____ Parent Cell Phone (_____) _____

Emergency Contact (if parent cannot be reached):

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

I give permission for my son/daughter _____ (student's name)

- To attend the Asbury Winter Access Days from January 31, 2019 to February 3, 2019
- To stay in the college dorms with the college students
- To be transported to and from the event
- To receive emergency treatment if necessary

Publicity

On occasion, The Salvation Army takes photographs or makes an audio or video tape recording of students involved in activities. Such photographs and audio/visual recordings may be used in The Salvation Army publications or advertising materials to let others know about our ministry. In addition, local news organizations may hear of our activities or events; and The Salvation Army may invite, or allow them to photograph or record our events for news reporting on special interest features. I consent to the use of such audio or visual records of the child named above to be used, distributed, or displayed as agents of The Salvation Army see fit.

This consent includes but is not limited to: photographs, videotapes and audio recordings. Furthermore, I give permission for the child to be interviewed by the news media or such photographs and other video or visual records to be used by the news media.

Parent's Signature _____ Date _____

**MEDICAL PERMISSION FOR TREATMENT
THE ASBURY UNIVERSITY WINTER ACCESS
January 31 – February 3, 2019**

Student's Name _____

Parent/Guardian Signature _____ **Date** _____

IMPORTANT MEDICAL PERMISSION FOR TREATMENT:

The intention of this form is to grant authority to administer treatment in case of an emergency.

Whenever injury or emergency illness occurs to the student listed below while the student is under the supervision of The Salvation Army personnel, every attempt will be made to notify the parent or guardian immediately.

However, if the parent or guardian is not available and it is felt that emergency treatment is indicated, the signatures below by the parent/guardian will allow the student to be transferred and treated in a timely fashion.

I do hereby give permission for agents of The Salvation Army to seek and secure any needed medical attention or treatment for the student named below, including hospitalization. In doing so, I agree to pay all fees and costs, arising from this action to take medical treatment. I give permission for attending physician (s) and other medical personnel to administer any needed medical treatment, including surgery and, again; I agree to pay for medical treatment.

Health Insurance Information

Insurance Company _____ **Policy Number** _____

Medical Doctor _____ **Group Number** _____

Please provide the following information (if applicable):

Existing Medical Conditions:

Medications:

Allergies:

Dietary Restrictions: