

**Parental Permission for summer camp 2013**

August 8 - 11  
Russian Evangelical Baptist Church  
1205 10th Avenue E  
Shakopee, MN 55379  
Phone 952.496.0604

Name \_\_\_\_\_ date of birth \_\_\_\_\_

Primary physicians  
name \_\_\_\_\_

Health insurance information  
\_\_\_\_\_

Company name  
\_\_\_\_\_

Policy number  
\_\_\_\_\_

Group  
number \_\_\_\_\_

Parent's  
name \_\_\_\_\_

Address and phone  
number \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where parents can be reached in case of emergency \_\_\_\_\_

Allergies \_\_\_\_\_

I \_\_\_\_\_ hereby give permission for Karina Lyakh  
to sign for treatment of my child in case of my absence.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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