

Parental Release for Junior Gathering Participants

2019 FGC Gathering



Junior Gathering Participant's Name

NAME (PLEASE PRINT)

DATE OF BIRTH (mm/dd/yyyy)

Participant's Sponsor (If parent is *not* attending the Gathering)

SPONSOR'S NAME (PLEASE PRINT)

As a parent, I have asked this sponsor to act on my behalf at the FGC Gathering which may include being alone with my child.

PARENT'S INITIALS

In the event of temporary absence from the Gathering, Sponsor is authorized to designate a Temporary Sponsor.

PARENT'S INITIALS

Parent Information for ALL Junior Gathering Participants

THIS SECTION MUST BE COMPLETED BY PARENTS FOR ALL PARTICIPANTS.
If parent is NOT attending Gathering, please also name sponsor in box above.

Parent/Guardian's Name

Monthly Meeting

Parent/Guardian's Street Address

City

State/Province

Zip/Postal Code

Country

Daytime Telephone (include area code)

Evening Telephone (include area code)

Cell Telephone (include area code)

Parent/Guardian's E-mail Address

Health Insurance: List company name and policy number No health insurance at present time

Company Name

Policy Number

Does your child have allergies? No Yes (specify)

Alternate Emergency Contact (must be someone NOT at Gathering)

Name

Relationship to child

Daytime Telephone (include area code)

Evening Telephone (include area code)

Cell Telephone (include area code)

Special Needs

To provide the best possible care for your child, the staff would like to know about your child's specific needs or circumstances, or significant recent life events. **Please tell us more on the reverse of this form.**

I give permission for my child named on this form to participate in this year's Gathering of Friends and to participate in all planned program activities both on and off campus. I understand that my child will be expected to abide by all rules and guidelines. I hereby authorize FGC Gathering staff and organizers Galen Fick and Laura Pickering Ford (Junior Gathering Clerks) and Becky Marty (Junior Gathering Friend in Residence), or the above named sponsor, to consent to any medical, surgical or psychiatric care advised by licensed health care providers. I hereby release Friends General Conference from any liability, legal or financial, for emergency care provided to my child. I expect to be informed as soon as possible.

Parent/Guardian's Signature (REQUIRED)

Date (mm/dd/yyyy)

Mail promptly to FGC
1216 Arch Street, 2B
Philadelphia, PA 19107
or fax to 215-561-0759



Special Needs

Does your child have any:

- **Special dietary needs** No Yes (list)

- **Joys right now** No Yes (list)

- **Struggles to deal with right now** No Yes (list)

- **Recent achievements** No Yes (list)

- **Recent challenges** No Yes (list)

- **Recent significant changes in your child's life** No Yes (explain)



Mail promptly to FGC
1216 Arch Street, 2B
Philadelphia, PA 19107
or fax to 215-561-0759

