



DAKOTA ADVENTIST CAMPS

• EST 1981 •

Dakota Adventist Camps, a part of the Dakota Conference of Seventh-day Adventists, has my permission to administer any emergency treatment necessary for my child, _____ (staff member's name).

Dakota Adventist Camps, a part of the Dakota Conference of Seventh-day Adventists, has my permission to administer any non-emergency medical treatment necessary for my child, _____ (staff member's name).

Address: _____

Emergency Phone 1: _____

Emergency Phone 2: _____

Parent/guardian Signature: _____ Date: _____

I give permission for a background check to be administered to my child through the Dakota Conference of Seventh-day Adventists.

Parental/guardian Signature: _____ Date: _____