



### Wooddale Church Medical Release for Summer Day Camps

I hereby give permission for the indicated children to attend summer camps at Wooddale Church, 6630 Shady Oak Road, Eden Prairie, MN 55344 OR Wooddale Church Edina, 5532 Wooddale Avenue South, Edina, MN 55424, 952-944-6300. In the event of an emergency in which my child is in need of immediate hospitalization, medical attention or surgery, and after reasonable efforts have been made to contact me or my spouse and we cannot be located, the purpose of consenting thereto, consent for the emergency attention may be given to any person standing in loco parentis to my child. I understand that my own medical insurance will be the primary coverage.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Printed Name: \_\_\_\_\_

***Please print the names of all children attending:***

Child # 1 Name: \_\_\_\_\_

Child # 2 Name: \_\_\_\_\_

Child # 3 Name: \_\_\_\_\_

Child # 4 Name: \_\_\_\_\_