

# Mission Impossible 2010

A Ministry of Aurora Christian School

2255 Sullivan Road, Aurora, IL 60506  
Phone: 630.892.1551 Fax: 630.892.1692

## Adult Emergency Medical Authorization

THIS FORM MUST BE NOTARIZED . [MUST BE SIGNED IN THE PRESENCE OF THE NOTARY.]

This note is to give my permission for emergency medical attention to be given to me in the event I cannot give verbal permission at the time.

**Victory Mountain Camp**  
**3592 Youth Camp Road**  
**Sophia, NC 27350**  
**Camp Renovation and Construction**  
**Friday, March 26, through Saturday, April 3, 2010**  
**\$200.00**

<b>Name:</b>	
<b>Your Birthday</b>	<b>Email Address</b>
<b>Please Fill in both:</b>	** I will drive own vehicle with room for _____ passengers / Can be a driver in another vehicle. **I can drive down / back / both directions
<b>Allergies or Special Medical Condition / Medications</b>	

***Please attach a copy of both the front and back of insurance card.***

Print your name here
Home Address
City / State / Zip
Home Phone
Work Phone
Cell Phone

State of Illinois, county of \_\_\_\_\_

Signed before me on \_\_\_\_\_

by \_\_\_\_\_

\_\_\_\_\_  
Signature of notary public

Place official seal here

Signature
-----------