

SPONSORSHIP INFORMATION

Any minor attending without a parent or guardian MUST have this form

Minor (s) _____ Attending sponsor _____

Parent / Guardian (name, address, phone(s)) _____

Medical Insurance Company _____

Insurance Phone # _____ Group # _____ Policy # _____

Allergies / other medical information _____

My child has my permission to attend Northern Yearly Meeting under the supervision of the above named sponsor. I hereby give my consent to emergency medical care or treatment to be used only if I cannot be reached immediately.

Signature _____ Date _____