CHURCH RELEASE FORM

PARENTS AUTHORIZATION FOR MEDICAL AND SURGICAL CARE

This student is in good health and not suffering from any illness that would preven him/her from participation in normal activity. I hereby authorize retreat leader to call an authorized doctor to administer medical aid and treatment at any time when they believe an emergency exists.

Parent/Guardian Signature:Date:Date:
Hospital Plan:
Policy/Group Number:
Allergies:
Last Tetanus Shot:
STUDENT COMMITMENT
I agree to have a good attitude, be respectful of all leaders, and to follow all ruk laid out at the retreat. I understand that failure to abide by these guidelines may result in the loss of privileges or removal from the retreat.
Student signature:

BASIC INFORMATION

Kalahari Retreat '18 Registration/Medical Form

ness that would prevent	CHURCH NAME:
I treatment at any time	
Š	(Last) (First) (M.1.)
)ate:	Gender: MM F Date of Birth: Grade:
	School:
	Adult T - Shirt size:
	People I would like to room with:
	Parent or Guardian:
	Address:
	City: State: Zip:
	Phone:Cell:Cell:
nese guidelines may	Email:
	Emergency Contact:
	Relationship:

CHURCH RELEASE FORM

Parents authorization for medical and surgical care

This student is in good health and not suffering from any illness that would prevent him/her from participation in normal activity. I hereby authorize retreat leader

CHURCH NAME:

to call an authorized doctor to administer médical aid and treatment at any time when they believe an emergency exists.	Name:(Last)	(First)	(M.I.)
Parent/Guardian Signature:	Gender: \square M \square F Date of Birth: _		Grade:
Hospital Plan:	School:Adult T - Shirt size:		
Policy/Group Number:	People I would like to room with:		
Allergies:	Parent or Guardian:		
Last Tetanus Shot:	Address:		
	City:Stat	State: Zip:	
STUDENT COMMITMENT	Phone:		

I agree to have a good attitude, be respectful of all leaders, and to for laid out at the retreat. I understand that failure to abide by these guide result in the loss of privileges or removal from the retreat.

	 @	
	nt sianatu)
Ċ	Stode	

BASIC INFORMATION

Kalahari Retreat ′18 Registration/Medical Form

nt at any time	Name: (Last)	(First) (M.I.)	<u> (:</u>
	Gender: M F Date of Birth:	Grade:	
	School:		
	Adult T – Shirt size:		
	People I would like to room with:		
	Parent or Guardian:		
	Address:		
	City: State:	Zip:	
	Phone:		
Jelines may	Email:		
	Emergency Contact:		
	Relationship:	Phone:	