

Individual Medical Release Form Winter Retreat 2019

Minor traveling to Timber Wolf Lake Camp: (A separate form must be completed for each child)

Full Name _____

Minor's Home Address _____
(Street) (City) (State) (Zip)

Age _____ Birth Date _____ Citizenship _____

Travel Dates: January 4-6

Parents Name _____

Minor's Home Address _____
(Street) (City) (State) (Zip)

Home Phone _____ Work # _____ Cell # _____

E-mail _____ Insurance Provider _____

Policy Number _____

Will there be any medications taken with your student on this trip: YES or NO
Please List: and give brief explanation:

To whom it may concern:

I, the undersigned do hereby give permission for our (my) minor child named _____ to attend and participate in the activities of The Woods Church. We (I) do hereby give permission for our (my) child to travel around the state and to return to Warren, MI with Matt Ciaramitaro, our youth pastor (an adult), in whose care this minor has been entrusted.

We (I) authorize Matt Ciaramitaro (an adult), in whose care this minor has been entrusted, to consent, on our (my) behalf, to any x-ray examination, anesthetic, medical, surgical or dental diagnosis and treatment and hospital care, which may be deemed necessary to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist during the duration of the trip.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned minor child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

Parent (Guardian) Name (Print) _____ Date _____

Parent (Guardian) Signature _____ Date _____