

# 11<sup>th</sup>-12<sup>th</sup> Grade Winter Retreat Medical Release Form

February 2-3, 2018

Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## HEALTH INFORMATION

In case of emergency notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Family Doctor: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Please explain any physical or medical conditions, food allergies or dietary restrictions and indicate the nature and extent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any medications being taken on this trip? \_\_\_\_\_

Is your child allergic to any medications? \_\_\_\_\_

May your child be given Tylenol? \_\_\_\_\_ Pepto Bismol? \_\_\_\_\_ Aspirin? \_\_\_\_\_ Cough drops? \_\_\_\_\_

In case of an emergency, I hereby give permission to the physician selected by the Lancaster Baptist Church Youth Leader to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above. It is understood that the church and doctor will make every effort to contact the parent/guardian of the child before treatment. I hereby release Lancaster Baptist Church of all liability.

\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
**Date**

