

RETTA BAPTIST CHURCH MEDICAL RELEASE FORM

Date:	Event: Fall Retreat 2018
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Name:	Sex:
Address:	Grade:
City/State:	Age:
Zip:	Birth Date:
Phone:	

Parent/Guardian Name:	Home Phone:
Address:	Business Phone:
City/State/Zip:	Cell Phone:

Name of Primary Insurance:	Policy/Group #:
Policy Holder & #:	Insurance Co. Phone:

Is youth allergic to anything? (Medication, bee stings, food, etc.)
Does youth have any health problems we need to know about?
Is there any medication that must be administered?
Additional Comments:

If needed, I hereby give my consent to medical treatment for my child as may be needed in the judgment of the treating physician by a physician chosen by Ed Lowe or any counselor from Retta Baptist Church. Obviously, any and all attempts to reach the parents or guardians will be considered first, by calling the phone numbers provided.

Date: _____ Parent
 Signature: _____
 Person to contact in case of an emergency:
 Name: _____
 Phone: _____
 Name: _____
 Phone: _____