Keeping the Faith Retreat

Parent Consent & Medical Release

Name: _____ Church: _____

Address: _____ Phone: (_____) _____

City: _____ State: _____ Zip: _____ Birth date: _____

*The undersigned does hereby give permission for our/my teen, _____ to attend and participate in the East Central District's **Keeping the Faith Retreat**, to be held at the Embassy Suites, in Blue Ash, Ohio, **March 2-4, 2012**.*

We/I authorize an adult, in whose care the minor has been entrusted, to consent to the following, pending a phone call to us: x-ray examination, medical diagnosis and/or treatment, and possible hospital care, to be given to the minor under the general or special supervision of any physician, dentist, or medical staff of a licensed hospital.

The undersigned will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the above mentioned minor. Should it be necessary for our/my teen to return home due to medical reasons or for behavioral problems, the undersigned will assume all transportation costs.

Emergency Information

Contact Name: _____ Phone:(_____) _____

Medical Insurance Company Name: _____

Group/Policy Number: _____

Medical Information

May we give your teenager Acetaminophen? yes no Ibuprofen? yes no

Generic Tylenol Cold & Allergy? yes no

Is your teenager presently under a doctor's care? yes no If yes, please explain on back.

Allergies/Medical disorders: _____

List any medications your teenager will be bringing: _____

❒ Check if there is additional medical information on back.

Parent/Legal Guardian's Signature: _____ **Date:** _____

Notarization

If your teenager is under 18 years of age, we encourage you to have this form notarized.

Notary's Signature: _____ Date: _____

Commission Expires:_____ seal