CHURCH RELEASE FORM

PARENTS AUTHORIZATION FOR MEDICAL AND SURGICAL CARE

This student is in good health and him/her from participation in no to call an authorized doctor to ad when they be

	School:
Hospital Plan:	Adult T – Shirt size:
Policy/Group Number:	People I would like to r
Allergies:	Parent or Guardian:
Last Tetanus Shot:	Address:
	City:
STUDENT COMMITMENT	Phone:
I agree to have a good attitude, be respectful of all leaders, and to follow all rules 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.	Email:
Student signature:	Emergency Contact:

BASIC INFORMATION

Kalahari Retreat '20 Registration/Medical Form

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 to call an authorized doctor to administer medical aid and treatment at any time	CHURCH NAME:	
when they believe an emergency exists.	Name:(Last)	(First) (M.I.)
Parent/Guardian Signature:Date:	Gender: 🔲 M 🔲 F Da	Date of Birth: Grade:
	School:	
Hospital Plan:	Adult T – Shirt size:	
Policy/Group Number:	People I would like to room with:	with:
Allergies:	Parent or Guardian:	
Last Tetanus Shot:	Address:	
	City:	State:Zip:
STUDENT COMMITMENT	Phone:	Cell:
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.	Email:	
Student signature:	Emergency Contact:	
	Relationship:	Phone:

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Emergency Contact: _	Email:	Phone:	City:	Address:	Parent or Guardian: _	People I would like to	Adult T – Shirt size:	School:

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	City:	State:Zip:
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