

MEDICAL RELEASE FORM

I hereby give my consent for my son/daughter to attend the Winter Retreat 2023 sponsored by Glenwood Community Church. Unless otherwise noted, I approve of his/her participation in all the activities connected with this retreat, including transportation to and from the camp. I furthermore authorize the official leaders of the retreat to stand in my stead in authorizing needed medical treatment in case of an emergency. Reasonable effort shall be made to contact me prior to the exercise of such authority.

PARENT/GUARDIAN FULL NAME

ADDRESS

PRIMARY CONTACT PHONE

SECONDARY CONTACT NAME

SECONDARY CONTACT PHONE

I agree to use my own medical insurance as primary coverage in the event of any medical treatment

Insurance Carrier: _____

Policy/Subscriber Number: _____

Name of Insured: _____

Allergies and/or medical information:

(attach additional information as necessary)

I also recognize that if my child behaves in an inappropriate manner, the leaders of this activity may call and request that I make arrangements for my student to return home at my expense.

PARENT/GUARDIAN SIGNATURE

DATE