

**EMERGENCY AND MEDICAL INFORMATION AND RELEASE**

Name of Participant: \_\_\_\_\_  
Parent's/Guardian's Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_

Emergency contact in case parent/guardian cannot be reached:  
Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Is your child on any medication? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what kind? \_\_\_\_\_ Dosage \_\_\_\_\_  
For what condition or disease? \_\_\_\_\_

Does your child have a history of:

Diabetes? Yes _____ No _____	Heart Trouble? Yes _____ No _____
Epilepsy? Yes _____ No _____	Allergies? Yes _____ No _____
Drug Allergies? Yes _____ No _____	If so, to what? _____
Other? Yes _____ No _____	If so, what? _____

Does your child have any diet restrictions? If so, please describe:  
\_\_\_\_\_  
\_\_\_\_\_

**Medicine must be in prescription bottle with label stating drug name and dosage. Please contact a Retreat Supervisor if participant will be taking medication during Retreat.**

In the event of any illness or injury, I hereby consent to whatever transportation and x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon is deemed necessary. It is understood that resulting expenses will be the responsibility of the parent(s), guardian(s), or participant. (Whenever possible, attempts will be made to contact the parent/guardian prior to taking any medical action.)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent or Guardian)