

MEDICAL FORM FOR HIGH SCHOOL RETREAT
(to be held by Participant's Group Leader)

Participant Name _____

Street Address _____ City _____

State _____ Zip _____

Date of Birth ____ / ____ / ____

Primary Guardian Name _____

Telephone _____ Secondary Phone _____

Medications Taken Regularly _____

Date of last tetanus shot: _____

Allergies _____

Specific reasons to be restricted:

Insurance information

Insurance Company _____

Policy # _____

Address _____

Medical Authorization and Release

In case of a medical emergency I understand every reasonable effort will be made to contact parent(s) or guardian(s) of participant, using the information set forth above. In the event parents or guardians cannot be reached, I give permission to the physicians and hospitals selected by the above participant's group leader to administer to the child named above the medical and surgical treatment then believed to be in the best interest of the child.

The medical information on this form is complete and correct.

I shall not hold the leaders of the high school retreat or the retreat director liable for any injury to the participant while on the retreat.

I certify that I am authorized to grant this authority and release.

Parent/ Guardian _____

Date _____