

11th-12th Grade Winter Retreat

Registration & Medical Release Form

Name: _____ Male _____ Female _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Grade: _____ Date of Birth: _____

HEALTH INFORMATION

In case of emergency notify: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Family Doctor: _____

Doctor's Address: _____ Phone: _____

Insurance Carrier: _____ Policy Number: _____

Please explain any physical or medical conditions, **food allergies** or dietary restrictions and indicate the nature and extent: _____

Any medications being taken on this trip? _____

Is your child allergic to any medications? _____

May your child be given Tylenol? _____ Pepto Bismol? _____ Aspirin? _____ Cough drops? _____

In case of an emergency, I hereby give permission to the physician selected by the Lancaster Baptist Church Youth Leader to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above. It is understood that the church and doctor will make every effort to contact the parent/guardian of the child before treatment. I hereby release Lancaster Baptist Church of all liability.

Parent or Guardian Signature

Date