

# 11<sup>th</sup>-12<sup>th</sup> 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: \_\_\_\_\_

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 and Verdugo Pines Bible Camp of all liability.**

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date