

Due When You Arrive For Registration

**ED-FEST
REGISTRATION FORM**

Registration Fee: \$45 (Includes all meals, T-shirt, Yearbook, swimming, and all extras.)

Teacher: No Charge

Student Name: _____ School: _____

Address: _____
City State Zip

MEDICAL:

Allergies? Yes No Explain: _____

Medications? Yes No Explain: _____

EMERGENCIES: Phone number where you can be reached day and evening: _____

Name and Number to contact if you cannot be reached at the above number. _____

CONSENT TO TREATMENT

We, the undersigned parents or guardian of _____, a minor, do hereby consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of any physician the school or organization may call.

It is understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize **the Montana Conference of Seventh-day Adventist Department of Education** to exercise the best judgment as to the requirements of such diagnosis or treatment.

This consent shall remain in continuous effect until revoked in writing and delivered to the school or organization entrusted with the custody of said minor. We hereby authorize any hospital, physician, or other person who has attended or examined the minor to furnish the General Conference Insurance Service, or its representative, any and all information with respect to any illness, medical history, consultation, prescriptions, or treatment, and copies of all hospital medical records. A photo copy of this authorization shall be considered as effective and valid as the original.

The above named student has my permission to attend the Educational Festival at Bozeman, Montana. It is understood that I will not hold the Montana Conference, the church schools, or their personnel responsible in case of accident or injury beyond that coverage provided by the student accident insurance program of the Montana Conference.

Signature of Mother

Date

Signature of Father

Date