



**Authorization for Medical Treatment**

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
Parent/guardian

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Home phone Cell phone Work phone

\_\_\_\_\_  
Medical/health insurance company Insurance policy #

\_\_\_\_\_  
In case of emergency, notify parent or guardian Relationship to minor

\_\_\_\_\_  
Allergies/allergic reaction of my child

\_\_\_\_\_  
Medicine(s) currently being taken by my child

If child needs assistance taking medications, please note here: \_\_\_\_\_

\_\_\_\_\_  
Other pertinent information regarding my child's health: \_\_\_\_\_

I give permission for my child, \_\_\_\_\_ (name) to attend the Spring Retreat at Geneva Hills Center in Lancaster, OH on April 27-29, 2018. I understand he/she will be riding in a car with an adult chaperone.

I also give permission for emergency medical treatment at the nearest hospital/clinic.

\_\_\_\_\_  
Signed by parent/guardian Date