

MEDICAL RELEASE / PERMISSION FORM

The undersigned hereby appoint Justin Poythress, youth workers at Christ Community Church PCA, and delegates to each such person the power to consent on our behalf to all emergency treatment and/or medical care (except elective surgery) of \_\_\_\_\_ (child's name), born (date of birth) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ determined to be necessary or desirable by the child's attending physician at the hospital.

I certify that my child's participation in the **2018 Fall Retreat at Springhill Camp** is voluntary. I understand that participation carries risks inherent both to such activities at Springhill as well as the travel to and from and recreational and miscellaneous traveling while on the trip. For myself and any who would claim under me, I release Christ Community Church, PCA, the sponsoring church, any of its employees and agents, from any liability for loss, injury, or damage to my child or property which may result from his/her participation.

Father/Guardian: Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
City \_\_\_\_\_ Work Phone \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

Mother/Guardian: Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
City \_\_\_\_\_ Work Phone \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

Health Carrier: \_\_\_\_\_  
Policy Number \_\_\_\_\_ Contract Number \_\_\_\_\_  
Group Number \_\_\_\_\_ Coverage Code \_\_\_\_\_

Allergic to any medications? Yes No (Circle one) If yes, please list \_\_\_\_\_  
\_\_\_\_\_

Any food allergies? Yes No (Circle one) If yes, please list \_\_\_\_\_  
\_\_\_\_\_

Special Instructions or current medications? Yes No (Circle one) If yes, please list \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Parental Signature** **Date**

\_\_\_\_\_  
**Signature of Witness or Notary** **Date**