

MEDICAL RELEASE AUTHORIZATION

I hereby give my child _____ permission to attend Winter Retreat 2011 with my church _____ at the Bongiorno Conference Center. In case of medical emergency, I hereby give my permission for the staff member in charge to: hospitalize and/or secure the services of a licensed physician, surgeon, or anesthetist in providing the necessary care for my child as named on the release form. I certify that my child is in good physical condition, and is able to participate in the entire camping program except for activities listed as "restricted."

Name of parent: _____ E-mail: _____

Signature of parent: _____ Date: _____

EMERGENCY CONTACT:

Name _____ Relationship _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Medications taking at this time: _____

Allergies: _____

**Return to Youth Leader
Do not send to District Office
Youth Leader must bring to W.R.**

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