

# HIGH SCHOOL RETREAT RELEASE FORM

## Participant Information

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Telephone number: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Telephone number: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

## Emergency Contact (if other than above parents/guardians):

Name #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone number: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Name #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone number: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

## Medical Care Contacts

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

## Health Insurance Coverage for Student

Insurer's Name: \_\_\_\_\_

Policy or Group Number: \_\_\_\_\_

Allergies or Medical Conditions: \_\_\_\_\_

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## Medication and Allergies

If you have any food allergies/sensitivities, medical conditions that require medication or other health related issues that would require extra care please list them below:

**Parent/Guardian Consent and Agreement**

In consideration of my child’s (name listed above) opportunity to participate in Faith E Church’s activities and programs, I acknowledge and accept the risks of injury associated with participation and transportation to and from any and all activities and programs of Faith E Church. I accept personal financial responsibility for any injury or other loss sustained during the activities or programs of Faith E Church or during transportation to and from such activities and programs, as well as for medical treatment rendered to my child that is authorized by Faith E Church, its leaders, employees, volunteers, or agents. I specifically consent to allowing my child to be transported to receive emergency care and to be responsible for all financial charges for such emergency care.

I release and promise to indemnify, defend, and hold harmless Faith E Church, its leaders, employees, volunteers, and agents from any and all injury or loss arising directly or indirectly out of the activities and programs of Faith E Church or transportation to and from such activities and programs, whether such injury arises out of the negligence of Faith E Church, my child, or otherwise.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

