ALL IN Jr. High Retreat Parent Consent & Medical Release

| Name: | | Church: | |
|----------|--------|---------|-------------|
| Address: | | | Phone: () |
| City: | State: | Zip: | Birth date: |

We/I authorize an adult, in whose care the minor has been entrusted, to consent to the following, pending a phone call to us: x-ray examination, medical diagnosis and/or treatment, and possible hospital care, to be given to the minor under the general or special supervision of any physician, dentist, or medical staff of a licensed hospital.

The undersigned will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the above mentioned minor. Should it be necessary for our/my teen to return home due to medical reasons or for behavioral problems, the undersigned will assume all transportation costs.

Emergency Information

| Contact Name: | | | Phone: () | | |
|---------------------------------------|--------------------------|----------|-----------|---------------------------------|--|
| Medical Insurance Company I | Name: | | | | |
| Group/Policy Number: | | | | | |
| | Medical I | nform | ation | | |
| May we give your teenager | Acetaminophen? | yes | no | Ibuprofen? yes no | |
| | Generic Tylenol Col | d & Alle | ergy? | yes no | |
| Is your teenager presently ur | nder a doctor's care? | yes | no | If yes, please explain on back. | |
| Allergies/Medical disorders: | | | | | |
| | | | | | |
| Check if there is additional med | | | | | |
| | | | | | |
| | | | | | |
| Parent/Legal Guardian's Signature: | | | Date: | | |
| | | | | | |
| | Nota | rizatio | n | | |
| If your teenager is under 18 years of | age, we encourage you to | have th | is form r | notarized. | |
| Notary's Signature: | | | Dat | .e: | |
| Commission Expires: | | | | seal | |