

Keeping the Faith Retreat
Parent Consent & Medical Release

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

The undersigned does hereby give permission for our/my teen,
to attend and participate in the East Central Region's **Keeping the Faith Retreat**, to be held at the
Ludlow Falls Camp in Ludlow Falls, Ohio, **March 6-8, 2026**.

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 Name: _____
Group/Policy Number: _____

Medical Information

May we give your teenager Acetaminophen? yes no Ibuprofen? yes no
Generic Tylenol Cold & Allergy? yes no

Is your teenager presently under a doctor's care? yes no If yes, please explain on back.

Allergies/Medical disorders:

List any medications your teenager will be bringing: _____

Check if there is additional medical information on back.

Parent/Legal Guardian's Signature: _____ **Date:** _____

Notarization

If your teenager is under 18 years of age, we encourage you to have this form notarized.

Notary's Signature: _____ Date: _____

Commission Expires:

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