

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: _____

seal