

WINTER RETREAT – HUME LAKE: FEBRUARY 24 – 26, 2012
MEDICAL & LIABILITY RELEASE

Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

Date of Birth: _____ Grade: _____

Do you regularly attend Olive Knolls? Yes or No Email: _____

In emergency, notify

Name: _____ **Relationship:** _____ **Phone:** _____

Family Doctor: _____ **Phone:** _____

Health History

_____ Allergies: Drugs/Insect Stings/Food _____ Asthma _____ Diabetes

_____ Physical Handicaps _____ Heart Condition _____ Epilepsy

If any of the above are checked, please give details (including normal treatment of allergic reactions):

Any Condition Requiring Medication (please list condition, medication and dosage):

Date of last Tetanus shot: _____ Any Physical Restrictions _____

Insurance Company: _____ Policy Number: _____

Phone: _____ Primary Insured's Name: _____

Do you give permission for child under 18 to receive Tylenol (acetaminophen) / Advil (ibuprofen) as needed?

Yes No Parent Initial _____

Do you give permission for child under 18 to receive Dramamine? Yes No Parent Initial _____

Do you give permission for child under 18 to receive Benadryl? Yes No Parent Initial _____

Do you give permission for child under 18 to receive Pepto Bismol? Yes No Parent Initial _____

Release of Liability/Medical Release

In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by Olive Knolls Church sponsors to hospitalize, to secure proper treatment for and/or order an injection, anesthesia, or surgery for my child as deemed necessary. I also authorize the Olive Knolls sponsors to administer medical aid as required for illness or injury under a physician's orders. The signature of the parent or guardian below is intended to serve as a medical release.

2. I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and medical release. I understand that any personal medical & hospitalization insurance available to my family will provide primary coverage. I am signing it of my own free will.

_____ Date: _____

Parent or Guardians Signature

_____ Relationship to Student: _____

Please PRINT Name