

PERMISSION AND MEDICAL CONSENT *Encounter 2014 Youth Retreat*

Are there any activities, such as strenuous activities, to be restricted for this child? Yes No

If so, describe:

Is this child on any medications? Yes No If so, please state the medication, and whether the child will be bringing these medications to the Activity that he/she should be taking:

Describe any dietary restrictions that this child is required to observe:

Other comments or suggestions from the parent or guardian concerning this child:

I further understand that, in the event my child requires medical or dental treatment while engaged in the Activity, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to the ministry's sponsor or any adult counselor acting on behalf of the ministry with respect to the Activity, as agent for me, to consent to any X-ray examination; injections; anesthesia; medical, dental or surgical diagnosis and treatment; and hospital care and treatment advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all of my child's medical allergies, medications being taken, medical problems and other pertinent information. My child has permission to participate in all prescribed activities except as noted by me.

In addition, I understand that counselors and staff of Encounter 2014 are not responsible for injuries that may occur during the Activity. I hereby voluntarily waive any claim against these parties.

Signature of
parent or
guardian:

Date:

Print Full Name:
