

# MIDDLE SCHOOL SUMMER RETREAT - Registration & Medical Release Form

*Choose This Day* | June 7-11, 2021 | Awanita Valley Retreat Center, Marietta, SC



## MEDICAL RELEASE INFORMATION

Child's Name: \_\_\_\_\_ Parents' Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Cell Phone(s): \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ SSN: \_\_\_-\_\_\_-\_\_\_

Father's Work Phone: \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_

Email Address for communication leading up to retreat: \_\_\_\_\_

Any known medical conditions (please specify): \_\_\_\_\_

\_\_\_\_\_

Medications your child is currently taking (please specify): \_\_\_\_\_

\_\_\_\_\_

Known allergies (please specify: food, drug, etc.): \_\_\_\_\_

\_\_\_\_\_

### **In case of emergency, contact:**

#1: \_\_\_\_\_

#2: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**AUTHORIZATION OF TREATMENT:** I HEREBY GIVE PERMISSION TO THE MEDICAL PERSONNEL SELECTED BY MATT HOUSTON TO ORDER X-RAYS, ROUTINE TESTS, TREATMENT, AND NECESSARY TRANSPORTATION FOR MY CHILD. IN THE EVENT THAT I CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY MATT HOUSTON TO SECURE AND ADMINISTER TREATMENT, INCLUDING HOSPITALIZATION, FOR MY CHILD AS NAMED ABOVE.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_



**Grade your child is going into NEXT school year:** \_\_\_\_\_

**AMOUNT PAID:** \$ \_\_\_\_\_ (Check #: \_\_\_\_\_ iPad: \_\_\_\_\_ Cash: \_\_\_\_\_)

**T-SHIRT SIZE:** Adult Small \_\_\_\_\_ Adult Medium \_\_\_\_\_ Adult Large \_\_\_\_\_ Adult XL \_\_\_\_\_