

# High School Summer Retreat - Registration & Medical Release Form

Running From Grace | June 13-17, 2022 | Laguna Beach Retreat Center, Panama City Beach, FL



## MEDICAL RELEASE INFORMATION

Child's Name: \_\_\_\_\_ Parents' Names: \_\_\_\_\_

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

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

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

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_

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

**Any known medical conditions (please specify):**

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**Medications your child is currently taking (please specify):**

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

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**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 ANDREW TAYLOR 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 ANDREW TAYLOR 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 year: \_\_\_\_\_

COST: \$300

T-SHIRT:\$10

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

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