

PERMISSION SLIP AND MEDICAL RELEASE FORM
QUINIPET RETREAT – April 5th – April 7th, 2024

I give permission for the person named below to attend the Annual District Youth Retreat on April 5-7, 2024 with the _____ Church and the Long Island East and West Districts of the United Methodist Church. I understand that photos and or video may be taken during the event and these photos/videos may be shown at future church, district, or conference events, to help promote and recognize our youth.

NAME OF ATTENDEE: _____

ADDRESS: _____

BIRTHDATE: _____ GRADE: _____

PARENT/GUARDIAN NAME: _____

DAYTIME PHONE: _____ EVENING PHONE: _____

OTHER CONTACT: _____

DAYTIME PHONE: _____ EVENING PHONE: _____

CHURCH ATTENDING WITH: _____

ADULT CHAPERONES: _____

MEDICATIONS:

CURRENTLY TAKING: _____

CANNOT TAKE: _____

HEALTH CONCERNS: _____

FOOD ALLERGIES: _____

(The youth should bring an Epi Pen or other medication to treat an allergic reaction)

DATE OF LAST TETANUS SHOT: _____

INSURANCE CO: _____

POLICY NUMBER: _____

DOCTOR'S NAME: _____ PHONE: _____

In case of a Medical Emergency, I understand that every effort will be made by my child's youth leader to contact Parent and/or Guardian. In the event that I cannot be reached, I hereby give permission to the physician selected by my child's youth leader or other adult leader to secure proper treatment and or hospitalization. I also agree that my insurance will be used for such medical care and I am aware that I will be billed for any medical care not covered by my insurance.

Signed by: _____ Date: _____

Relationship to Youth: _____