## ALL IN Jr. High Retreat Parent Consent & Medical Release

Name: Address:					
The undersigned does hereb to attend and participate in F Falls Camp in Ludlow Falls, Or	the East Central	Region's ALL IN			eld at the Ludlow
We/I authorize an adult, in we pending a phone call to us: x-care, to be given to the mind medical staff of a licensed he	ray examination or under the ger	n, medical diagn	osis and/	or treatment, and p	possible hospital
The undersigned will be liable such medical and dental serve our/my teen to return home assume all transportation cost	rices rendered to due to medical	o the above me	entioned	minor. Should it b	e necessary for
	Emer	gency Informa	ition		
Contact Name: Phone: (					
Medical Insurance Company					
Group/Policy Number:					
	Med	dical Informati	on		
May we give your teenager  Is your teenager present!  Allergies/Medical disorders:	Generic Tylenc y under a docto	ol Cold & Allergy or's care? yes	yes no	no If yes, please exp	
List any medications your te	enager will be b	rinaina:			
☐ Check if there is additional med					
Parent/Legal Guardian's Signature:				Date: _	
		Notarization			
If your teenager is under 18 years o	f age, we encourage	e vou to have this fo	orm notari:	zed.	
Notary's Signature:					
Commission Expires:					seal