

# Youth Group Retreat Medical Consent Form

## Participant Information

Full Name

Date of Birth

Address

Phone Number

Email

## Parent/Guardian Information

Parent/Guardian Name

Phone Number

Email

## Medical Information

Physician Name

Physician Phone

Insurance Company

Policy Number

Allergies

Medications

Medical Conditions

Other Important Information

## Consent & Authorization



I hereby grant permission for the above-named participant to attend the Youth Group Retreat and participate in all activities. In the event of an emergency, I authorize the leaders of this event to obtain medical treatment as deemed necessary.

Parent/Guardian Signature

Date