

Name: _____

MEDICAL RELEASE INFORMATION

(Please Print)

Emergency Person: _____

Emergency Phone #: _____

List any Allergies: _____

List any Health Problems: _____

Any Regular Scheduled Medications? Y N

If so, what are they? _____

How much? _____ How often? _____

Can we administer Tylenol, over the counter meds, or regular scheduled medications to your child? Y N

Name of Insurance: _____

Policy #: _____ Phone #: _____

Is there any other information we should know? _____

*****IMPORTANT*****

I hereby consent that my son/daughter be able to participate in a DECO-TEC weekend. I indemnify, defend, and hold harmless DECO-TEC and all youth leaders from all claims made & liabilities assessed against them as a result of ALL the activities. Furthermore, in case of emergency, I understand that every effort will be made to contact parents or guardians of minor child. However, if parent or guardian can't be reached, I hereby give DECO-TEC leaders permission to act on my behalf in seeking medical treatment in the event that such treatment is deemed necessary or advisable for the child's health and welfare. I give permission to those administering medical treatment to do so, using the measures deemed necessary. I release DECO-TEC, DECO-TEC leaders, and all medical providers from liability in acting on my behalf in this regard and rendering such medical treatment. I assume the risk and financial responsibility for any injury resulting for the child's activities."

PARENT'S SIGNATURE: _____

PRINT NAME: _____ **DATE:** _____

DECO-TEC

A Weekend Retreat Experience

For Today's Teenagers

