

Medical Release Statement

I give my permission and consent for my child's participation in the North west Association's confirmation retreat at Moon Beach or YMCA Camp Pepin.

October 7-9, 2011– Moon Beach

October 21-23, 2011– Camp Pepin

In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the adult leader in charge, to hospitalize, secure proper anesthesia or to order medication or surgery for my child.

My child does not have any medical problems or physical disability, nor is she/he allergic to any medications except for the following:

Signature of Parent/Guardian:

_____ Date: _____

Emergency Contact Information#1

Name: _____ Phone _____

Emergency Contact Information #2

Name: _____ Phone _____

Church /Chaperone Responsibilities

*Each Church group attending will need to provide one adult chaperone for every five students (Per safe sanctuary guidelines)

*Church Chaperones must have a completed medical release form for each student with them at camp along with any/all medication .

*Chaperones will be responsible to administer medication only to their group.

* Each Church must provide **when arriving at camp** a master copy of all medical release forms to the Confirmation Retreat Coordinator,

Rev. Phil Schneider

(This release form will be kept for 2 years in the Coordinator's Office at St. Paul's United Church of Christ in Wausau.)

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