

**Fall 2017 Youth Retreat  
MEDICAL & INSURANCE INFORMATION**

\_\_\_\_\_ has my permission to attend the Fall Youth Retreat at Faith Christian Church.

Parent/Guardian Signature \_\_\_\_\_

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Date \_\_\_\_\_ Home Church \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Number \_\_\_\_\_

Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Please list any health concerns that we should be aware of

\_\_\_\_\_  
\_\_\_\_\_

Insurance Information:

Company \_\_\_\_\_ Policy # \_\_\_\_\_

I hereby give my permission for \_\_\_\_\_ to be treated by competent medical personnel if retreat staff deems necessary.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_