

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I, _____, of _____, _____
(Name of parent or guardian) (City) (County)

_____ am the [] father, [] mother [] legal guardian (check one) of _____
(State) (Name of minor child)

a minor of _____, _____, _____ of whom I have full
(City) (County) (State)

custody and control, who will be attending Fall Retreat at the facilities of Lake Geneva Christian Center, City of Alexandria, County of Douglas, State of Minnesota.

I consent to the necessary medical and/or dental treatment, including the decision for hospitalization, and if necessary, surgery, hereby authorizing the Prairie Lakes District NYI or Rich Wyatt or other assigned sponsor of the Prairie Lakes District NYI to secure the necessary medical or dental treatment for said minor and to receive any necessary assistance.

The following information is given relative to said child's medical history:

Allergies: _____

Medications being taken: _____ Date of Last Tetanus shot: _____

Physical Impairments: _____ Other pertinent facts to which physicians should be alerted: _____

Insurance Company: _____

Policy Number: _____ Dated this _____ day of _____ (month)

20_____ at _____

(City and State)

Social Security Number: _____ - _____ - _____ (Optional)

Signature of parent or guardian: _____

RELEASE OF ALL CLAIMS

Release made this _____ day of _____, 20_____ by _____
(Day) (Month) (Year) (Name of Parent or Guardian)

of _____, _____, _____
(City) (County) (State)

as [] parent [] legal guardian (check one) of _____
(Name of Minor child)

In consideration of permission granted by [] child [] ward (check one) by the Prairie Lakes District NYI, to participate in Fall Retreat, I hereby release and discharge the Prairie Lakes District NYI, its agents, executors, administrator, or assigned sponsors may have, or claim to have against the Prairie Lakes District NYI, its successors or assigned employee, for all personal injuries, known or unknown, and injuries to property, real or personal, caused by or arising out of, the above described Fall Retreat to be held at the facilities of Lake Geneva Christian Center, City of Alexandria, County of Douglas, State of Minnesota.

I, the undersigned, have read this release and understand its terms. I execute it voluntarily and with full knowledge of its significance. I have executed this release as parent or guardian of the above child as stated above.

Signature of parent or guardian: _____