

Student's Name _____ Phone # _____

Address _____ City and Zip _____

I give permission for my above named child to join Middletown United Methodist Church of Middletown, MD on the Summer Retreat at Washington Monument State Park on July 11-12, 2008. I understand that the group will be traveling by car to the camp.

I hereby release Middletown United Methodist Church, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any X-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Signature of natural parent or legal guardian _____

Date _____

Emergency Contact _____ Emergency phone number _____

MEDICAL INFORMATION

Allergies _____

Medications being taken _____

Physical handicaps or limitations _____

Medical insurance company _____

Policy Number _____ Member's name _____