

Propel Leadership Retreat  
MEDICAL RELEASE/EVENT PARTICIPATION

Child's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Event: Propel Leadership Retreat \_\_\_\_\_

Date: Aug 21<sup>st</sup>-22<sup>nd</sup> Time: 4:00pm (21st) --3:00pm (22nd)

Leader: Matthew Ruckel Phone: 757-214-5599

I, the undersigned parent or legal guardian of the child listed on this form do hereby grant my permission and consent for said child to attend and participate in the above noted event at the address noted above and to receive emergency medical care if: (1) such care is deemed by the ministry/care provider, having custody of my child during the duration of the missions trip; (2) the proposed medical treatment or procedures are immediately or imminently necessary and any delay occasioned by an attempt to obtain my personal consent would reasonably jeopardize the life, health, or well-being of the child affected; and (3) I cannot be personally contacted. I further acknowledge that I have read and understood the above statements.

Home phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Date of birth (Child) \_\_\_\_\_ Email \_\_\_\_\_

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

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date