

MEDICAL RELEASE/EVENT PARTICIPATION

Triple R Retreat Cost: \$80

Date: October 8-10

Time: Friday 6:30PM- Sunday 10:30aM

Leaders: Matthew Ruckel/Joe Healey
Morgan Van Norman

Contact Phone: 757-214-5599/757-573-5100
757-635-3247

I, the undersigned parent or legal guardian of the student listed on this form do hereby grant my permission and consent for said student 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 student during the duration of the retreat; (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.

Student's Name: _____

Student's Phone: _____

Address: _____

City: _____

State: _____ Zip: _____

Date of birth (student): _____

Student's Email: _____

Allergies: _____

Signature of Parent/Guardian

Printed Name of Parent/Guardian Date

Parent's Email: _____

Parent's Phone: _____