

CCCME Youth Retreat Permission Form

April 26-27, 2013

Skowhegan Federated Church

Participant Information

Name: _____ Gender: Male Female

Date of Birth: _____ Grade: _____

Church: _____ Pastor: _____

Parent/Guardian: _____

Address: _____ City/Town: _____

Telephone: (daytime) _____ (evening) _____

Secondary Emergency Contact: _____ Telephone: _____

Medical Information

Please list and describe any ALLERGIES to:

Medication: _____

Food: _____

Other: _____

Known Medical Conditions:

Are there any pertinent medical information that we should be aware of or reasons why this person may not fully participate in all of the retreat activities? If so please describe: _____

Approved Medication:

Is your child bringing any medication to the retreat? Yes _____ No _____

If yes, what: _____

What over the counter medications if any may your child take for a headache, cramps, fever, body-aches?

Parental Permission

I hereby give permission for my child _____ to participate in all activities of the CCCME Youth Retreat. I also agree to assume all risk of injury, harm or damage to my child's person or property. I also agree to indemnify and hold harmless all staff and other participants from any and all liabilities, actions, damages and claims of any kind or nature that may arise as a result of this child's attendance at this retreat.

Parent/Guardian Signature: _____

Date: _____