

**MEDICAL RELEASE:
AUTHORIZATION TO SEEK EMERGENCY MEDICAL TREATMENT**

I, _____, the parent, the guardian, or the person with legal custody of _____, do hereby authorize _____
(Name of Child)

Name(s) of Adult Sponsors

to seek emergency medical treatment for my child during the course of the following event or activity:

**AB GIRLS 2010 Gathering/Houseparty Event on July 9-10-11, 2010,
at the Cross Wind Conference Center, Hesston, Kansas**

This consent includes all necessary medical treatment that any treating physician or medical personnel concludes to be reasonably medically required to save life, limb, or reduce further injury or harm. This consent also includes ambulance service if, in the adult sponsor's opinion, an ambulance is needed.

I acknowledge my obligation to pay for all such services and understand any medical treatment sought by the church will be on an emergency basis only.

Dated this _____ day of _____, 2010.

SIGNED: _____
Signature of
Parent, Guardian, or Person with Legal Custody

I (parent, guardian, or person with legal custody) maybe reached as follows:

Home phone: _____ Cell phone: _____

Other contact person: _____

Relationship: _____

Home phone: _____ Cell phone: _____

My child does / does not take any special medications.
(Please circle one)

Special medications (if any): _____

List any allergies or other pertinent medical information:

