

YOUTH

MEDICAL RELEASE FORM and INSURANCE INFORMATION

Youth Events – Presbytery of West Virginia

To be signed by parent or guardian for each young person participating in the Presbytery of West Virginia OLDER YOUTH RETREAT, NOVEMBER 15-17, 2019. Please send it with your youth to the retreat.

I give permission for my child, _____,
to participate in the Older Younger Retreat, November 16-18, 2018, at Bluestone Camp and
Retreat Center. In case of emergency, I give my permission for medical treatment. Please reach
me at one of the following telephone number:

Day _____ Night _____. In the event I cannot be reached in the case of
an emergency, please contact: _____

who is _____ (relationship to youth)

at phone number: day _____ night _____.

Signature of Parent _____

Print Name _____

Address: _____

**INSURANCE INFORMATION: This needs to be completed each time. Please do not
assume the presbytery has this on file. This form will be shredded after the retreat.**

Company: _____

Address: _____

Policy Number: _____ Name of insured _____

Address: _____

Current Medications: _____

Allergies _____

Surgeries: _____

Special Needs, dietary or otherwise _____

Please circle if your child has a history with any of these medical problems:

Hay Fever

Convulsions

Lung Problems

Bee stings

Blood Pressure Problems

Ulcers

Fainting

Cancer

Kidney Problems

Asthma

Heart Disease

Diabetes

Sulfa Drug Allergic Reaction

Poison Ivy or Oak

Penicillin Allergic Reaction

Anything else the leaders of this retreat should know about your youth?

Name _____

ADULTS

MEDICAL RELEASE FORM and INSURANCE INFORMATION

Youth Events – Presbytery of West Virginia

**To be completed by each Adult participant at the Presbytery of West Virginia
OLDER YOUTH RETREAT, NOVEMBER 15-17, 2019. PLEASE FILL OUT
BEFORE YOU ARRIVE AND BRING WITH YOU.**

**While we hope to never have to use this information, in the event that something happens
such that you are unable to provide this, you are asked to complete the following.**

**INSURANCE INFORMATION: This needs to be completed each time. Please do not
assume the presbytery has this on file anywhere. This will be shredded after the retreat.**

Company: _____

Address: _____

Policy Number: _____ Name of insured _____

Address: _____

Current Medications: _____

Allergies _____

Surgeries: _____

Special Dietary Needs _____

Please circle if you have a history with any of these medical problems:

Hay Fever

Convulsions

Lung Problems

Bee stings

Blood Pressure Problems

Ulcers

Fainting

Cancer

Kidney Problems

Asthma

Heart Disease

Diabetes

Sulfa Drug Allergic Reaction

Poison Ivy or Oak

Penicillin Allergic Reaction

Other Illnesses or Conditions: _____

In case of emergency, please contact _____ who is

_____ in relationship to me at phone number

Day _____ Night _____. In the event I am in

need of immediate medical care, I give permission for those in charge of the retreat to seek
appropriate medical care for me, if I am unable to do so for myself.