

**GENERAL ASSEMBLY YOUTH RETREAT 2018  
Destination: GREAT WOLF LODGE CONCORD N.C.  
July 10-13, 2018**

**EMERGENCY MEDICAL CONSENT FORM For Child**

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

1.) Parent/Guardian name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Cellular phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

2.) Parent/Guardian name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Cellular phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

I \_\_\_\_\_ give a representative of General Assembly Youth Ministry  
Staff authorization to obtain emergency medical treatment for my child \_\_\_\_\_  
in my absence.

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

My insurance provider is \_\_\_\_\_

My child's medical record number is \_\_\_\_\_

My child has the following Allergies, Diabetes, High Blood Pressure (Please circle)  
\_\_\_\_\_

My child is taking the following medications  
\_\_\_\_\_

I give my child permission to medicate him/herself \_\_\_\_\_  
Parent/Guardian Signature

I understand that I assume all financial responsibility for any treatment or injuries sustained  
by my child while he/she is on the trip to Double Tree/ Bush Gardens.

\_\_\_\_\_  
Signature of Parent or Guardian Date

**PLEASE GIVE TO DISTRICT REPRESENTATIVE ALONG WITH RETREAT APPLICATION  
ALL INFORMATION WILL BE KEPT CONFIDENTIAL**