

CALVARY CHURCH YOUTH GROUP

Twin Lakes Retreat: August 22nd-24th, 2025

TO WHOM IT MAY CONCERN: As a parent and/or guardian, I do herewith authorize treatment under the direction of any licensed physician of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me by phone at the number listed below.

The undersigned assumes the responsibility for any costs connected with such treatment and hereby releases Calvary Church, where the minor attends Youth Group, from any liability therefore.

This release is intended for the event scheduled for August 22nd-24th, 2025, and any necessary treatment resulting there from. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence, as described and under the terms as set forth above.

Name of participant _____ Date of Birth _____

Parent/Legal Guardian Name

Signed Date

Address _____ Phone _____

Family Physician _____ Phone _____

Specific medical allergies, chronic illnesses, or other conditions:

Other contact in case of emergency:

Name _____ Phone _____