

TO WHOM IT MAY CONCERN:

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor 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.

Name of Minor _____ Relationship _____

Date or dates when release is intended:

Village Church of Barrington
Arctic Blast – CAMP TIMBER-LEE

Sunday, February 19, 2012 to
Monday, February 20, 2012

This release form is completed and signed of my own free will with the sole purpose of authorizing medical Medical treatment under emergency circumstances in my absence.

Signed _____
(Father-Mother-Legal Guardian)

Complete Address _____ Phone _____

Family Physician _____ Phone _____

Medical Insurance # (Group, etc.) _____

Specific medical allergies, chronic illnesses or other conditions _____

Other contact in case of emergency - Name _____ Phone _____