

Please print and complete this form. Each person attending a retreat must turn in this Health Form at the registration table on Saturday. **DO NOT MAIL THIS FORM.**

Retreat Health Form

Name of Student _____

School _____

Home Address _____

City _____ State _____ Zip _____

Will the above named student be taking any medication during retreat? _____

If "yes" please use the back of this form indicating the medication and appropriate dosage.

Should the above named student's activity be restricted in any way during retreat? _____

If "yes" please use the back of this form to explain what the student should not do.

I, _____ give permission for the above student to be treated by the
(Please print first and last name)

camp health lodge or nearest hospital in the event of a medical emergency.

Parent's Signature

Date

(_____) _____

(_____) _____

Emergency Phone #

Additional Phone #

