

YOUTH ASSEMBLY 2019 EMERGENCY RELEASE FORM

February 22-24, 2019

Name: _____

Allergies, medical conditions, or medications: _____

Emergency Contact: _____

Phone: _____ Relationship: _____

Insurance Company: _____ Policy Number: _____

Family Doctor Name and Phone Number: _____

In case of an emergency, I give my permission for medical treatment to be administered to the above named participant. I hereby give permission to take this participant to a doctor or hospital, if necessary, and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment. I assume the responsibility of all medical bills, if any are incurred.

Adult Sponsor signature/date

I understand that the Christian Church in Georgia (Disciples of Christ) is not liable for accidents, injuries or events that may occur while I am off the Epworth by The Sea premises.

Adult Sponsor signature/date

Please make two copies, one to return to the Christian Church (Disciples of Christ) in Georgia with your registration form and one for an adult sponsor of this group to have on hand during this event. You must have a completed and signed Emergency Release Form to attend this event.