

# MEDICAL RELEASE FORM

Congregation \_\_\_\_\_

Youth's Name \_\_\_\_\_  
(Please print)

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

(If under eighteen [18] years of age, either a parent or guardian must sign.)

While I/We understand the Franconia Conference and Eastern District staff and adult supervisors will endeavor to provide individual care and safety for each participant, I/We am aware that neither the Conferences, Christopher Dock Mennonite High School, nor any member of adult supervisor staff will assume responsibility for any injury, which might result during the course of a supervised program or activity.

I/We are the parent(s) of this participant, and hereby grant my/our permission for him/her to participate fully in the **Jr. High Lock-In**, and hereby authorize medical treatment, and I/We will assume the responsibility of all medical bills, if any.

Hospital insurance? \_\_\_ yes \_\_\_ no

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Insurance company

\_\_\_\_\_  
Address

\_\_\_\_\_  
Policy number

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Allergies

\_\_\_\_\_  
Cell/Emergency Phone

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