

MEDICAL RELEASE 2011
Southwest Bible Church High School Retreat
Ocean Park, Washington – The Dunes Bible Camp
August 5-8th

Name of Parent(s) or Guardian: _____

Phone: _____ (where parent's can be reached August 5-8)

Phone: _____

If we cannot be reached, please call: (name) _____

(relationship) _____

(phone no.) _____

In the event of an emergency which requires medical treatment, I give my permission to the sponsors to obtain the services of a licensed physician. Please notify me/us immediately concerning any such emergency.

Signed: _____ Date: ____/____/____
(Parent or Guardian)

Further comments or medical information: