

Holy Spirit Encounter
MEDICAL RELEASE AND ATTENDANCE CONSENT

Name of Weekend Guest: _____

Please indicate any and all medical allergies, medications being taken, medical problems or conditions, special diets (for valid, diagnosed medical conditions), or any other pertinent information (please print legibly).

Guest Medical Insurance Company: _____

Group # _____ Member # _____

Father's (or guardian's) name: _____

Father's (or guardian's) home, business and cell phone: _____

Mother's (or guardian's) name: _____

Mother's (or guardian's) home, business and cell phone: _____

In the event of an emergency, I, as parent or legal guardian of _____ do

hereby authorize an adult HSE leader as agent for me, to consent to _____

receiving any X-ray, exam, medical, dental or surgical diagnosis, treatment, and hospital care advised by a physician, surgeon or dentist, as appropriate, licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I shall be obligated for all costs relative to any medical assistance and/or services rendered on behalf of _____.

Signature of Parent or Legal Guardian: _____ Date: _____

Signature of Weekend Guest: _____ Date: _____

Emergency Contact Name: _____ Phone No. _____

In the event of injury or illness, the participant may be transported in the most effective and efficient manner to (insert HOSPITAL NAME, ADDRESS, PHONE NUMBER) for appropriate medical treatment and/or subsequent transport to a specialized facility recommended by the aforesaid hospital.