

Permission / Medical Release Form

I (We), the undersigned, parent(s)/guardian(s) _____

of: _____
(youth's full name)

give permission for my son/daughter to go with The Presbyterian Church of Traverse City Youth Group to the Fall Retreat at Cedar Campus in Cedarville, Michigan. I (We) also designate temporary guardianship to **David Ramage and Deb Hawkins** for the dates **beginning Friday, September 18, 2009 through Sunday, September 20, 2009**. In case we cannot be reached during an emergency, the above person(s) may grant permission for our child to be treated by a licensed physician, and for said physician to administer whatever care is necessary, including anesthesia, for their safety and care during the time period above.

Address _____

Phone _____ Youth Birth date _____

Person to contact in case of emergency: _____

Home Phone _____ Business or Cell Phone _____

Health Insurance: _____ Group/Policy# _____

Must be Signed and Notarized

Signed _____ Date _____
(Parent or Guardian)

Please note any medical allergies, medical problems, medications being taken or other information that is pertinent: