

HESED
MEDICAL RELEASE FORM

_____ will attend/ participate in HESED on _____ (date) at Camp Royall.

Choose One:

_____ **is not able** to administer his/her own medication; please provide supervision or reminders.

_____ **is able** to administer his/her own medication and requires no supervision or reminders.

I ___ am the parent/guardian (**or** ___ I am my own guardian) and will not hold Eastern North Carolina Lutheran Via de Cristo, Presbyterian Pilgrimage, the team for the Hessed retreat, or Camp Royall responsible for any accident or injury that I / he/she might sustain.

I also give permission in my absence to any medical staff to perform emergency medical treatment needed.

My family physician is _____ phone _____

If I can not be reached, then the person to call is _____ at: _____
(name) (phone number)

Your signature _____
Print your name _____ Date: _____

Address and telephone number (of guardian; if different from the participant's)

Phone: _____

Relationship (to participant) _____

******VERY IMPORTANT** – Please include a copy of your insurance card and write the name of the facility(s) in which this insurance is accepted in the space below. Thank you.

