



Youth Retreat Health/Release Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Church: _____ District: _____

☐

Male

☐

Female

Grade: _____

Age: _____

The purpose of this form is to have a brief medical history of each participant on hand should an emergency arise. Parents/guardians will be contacted in the event of an emergency. Youth must have a signed "Health/Release Form" in order to attend Cedar Crest Camp retreats.

1. Are all immunizations current? _____ Tetanus? _____
2. Allergic to any medications? _____ Which ones? _____
3. Severely allergic to insect bites or poison ivy/oak? _____
4. Any recent surgery? _____ If yes, what kind and when? _____
5. Any physical condition which would prevent full participation in all activities? _____
If yes, what? _____
6. Diabetic? _____
7. Asthma? _____
8. Under a doctor's orders to take medication? _____ If yes, please list all prescription medications student needs to bring to camp: _____
9. Is there anything else our staff needs to know about the participant's physical condition?

I, the undersigned, give the youth named above permission to attend this Cedar Crest Camp retreat. I also give the event staff permission to authorize emergency surgery on the participant named above if the participant is in serious danger and the parents/guardians cannot be reached.

I, the undersigned, hereby agree to indemnify and hold harmless the Tennessee Conference of the United Methodist Church and Cedar Crest Camp, its Board of Directors, its officers, employees and staff, from any liability as a result of either intentional acts or negligence, or failure to act on the part of any of the above named entities or persons as a result of the use of the premises while _____ (participant name) is participating in any activities while camping.

Parent/Guardian Signature: _____ Date: _____