

Lake Erie Yearly Meeting 2011 Spring Teen Retreat

Friday, March 25 - Monday, March 28

Olney Friends School, Barnesville, OH

Medical Release Form

THIS VERSION IS ONLY TO BE USED FOR ONLINE REGISTRANTS

I give permission for the teen named below to participate in the Lake Erie Yearly Meeting (LEYM) Teen Retreat in Barnesville, OH, 25 March 2011 - 28 March 2011 and to participate in all planned program activities. In the event of an emergency, I hereby authorize the event organizers to consent to any medical or surgical care advised by licensed health care providers. I hereby release LEYM and its volunteers from liability for any injury that my teen may experience during the event, and from any liability, legal or financial, for emergency care provided to the teen. In the event of emergency, I understand that event organizers will attempt to contact me as soon as possible.

Teen's name: _____ Birthdate: _____

Parent's or guardian's signature: _____ Date: _____

Medical conditions, medications and/or allergies _____

Please submit form via mail: Cari Burke, 18783 W. Maple, Interlochen, MI 49643 or via e-mail scan: cariupnorth@gmail.com