

Youth Escape 2016

Parental consent and medical release

Name _____ Gender _____
Address _____ City, State _____
Zip _____ Home phone _____ Email _____
Age _____ Grade just completed _____

Congregation _____
Contact Sponsor _____

In case of emergency, contact _____ at this phone
number _____

I hereby give permission for _____ to receive proper
medical treatment or hospitalization in case of an emergency or illness. My medical insurance company is
_____ and my policy number
is _____

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