

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT AGE 17 & UNDER!
PINECREST MEN'S RETREAT & PINECREST CAMP & CONFERENCE CENTER

I, _____, of _____, _____,
[Name of parent or guardian] [City] [State]
_____ am the Father Mother legal guardian of _____, a minor of
[County] [Name of minor child]
_____, _____, _____, of whom I have full custody and control, who will be attending
[City] [State] [County]

Pinecrest Men's Retreat at Pinecrest Camp and Conference Center, 1252 Hwy C, Fredericktown, MO 63645.

I consent to the necessary medical and/or dental treatment, including the decision for hospitalization, and if necessary, surgery, hereby authorizing the Pinecrest Men's Retreat Leaders to secure the necessary medical or dental treatment for said minor and to receive any necessary assistance.

The following information is given relative to said minor's medical history:

Allergies: _____

Medications being taken: _____ Date of last tetanus shot: _____

Physical Impairments: _____ Other pertinent facts to which physicians should be alerted: _____ Insurance Company _____

Policy Number: _____ Dated this _____ day of _____ 20____.at _____, _____
[City] [State]

Signature of parent or guardian _____.

RELEASE OF ALL CLAIMS AGE 17 & UNDER

Release made the _____ day of _____, 20____ by _____,
[Day] [Month] [Name of parent or guardian]

of _____, _____, _____ as Father Mother legal guardian of
[City] [State] [County]
_____.
[Name of minor child]

In consideration of permission granted to child by Pinecrest Men's Retreat and Pinecrest Camp & Conference Center to participate in Men's Retreat, I hereby release and discharge Pinecrest Men's Retreat and Pinecrest Camp & Conference Center, its agents, executors, administrator, or assigned employee may have, or claim to have against Pinecrest Men's Retreat and Pinecrest Camp & Conference Center, its successors or assigned employee, for all personal injuries, known or unknown and injuries to property, real or personal, caused by, or arising out of, the above described Men's Retreat to be held on the Pinecrest Camp & Conference Center and the campus of Fredericktown Public Schools.

I, the undersigned, have read this release and understand its terms, I execute it voluntarily and with full knowledge of its significance. I have executed this release as a parent or guardian of the above child as stated above.

NOTARY: Signed and sworn before this _____ day of _____ 20____ by _____

State of _____ County of _____

MAIL THIS FORM TO: Patty Shepard, 623 Curd St., Montgomery City, MO., 63364
OR FAX TO [after notarized]: Linda @ 1-573-783-8169