



WINTER Recharge - Student Health Form

Please complete this form and turn it into your youth leader, with \$25 deposit, as soon as possible.

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____
Youth Group Name _____
Emergency Contacts _____

Health and Parental Permission:

List any health problems or recent surgeries

List any food, medical, or other allergies

The information listed here is correct and accurate to the best of my knowledge. As the parent/guardian of the student listed above, I give permission for them to engage in all retreat activities, unless otherwise stated on the back of this form. I also give permission to the group leader who takes my child to Winter Recharge at Long View Ranch to provide ongoing health care and to select local medical personnel to order tests and treatment as needed for the student listed. In the event that I cannot be reached, I hereby give my permission to medical physician selected by the group leader to provide any treatment, injection, anesthesia, or surgery that is deemed proper and necessary to meet the need of a medical emergency.

Signature of Parent/Guardian: _____ Date ___/___/___

Insurance Policy Holder's name: _____

Insurance Company: _____

Insurance Company Address: _____

Policy ID number: _____

****Youth Leader: This form is for your records. Please Keep this on hand during the retreat.****