

MEDICAL RELEASE FORM
Mt.Gilead Camp + Conference Center
Women's Retreat 2012

Date of Camp Attending: March 16th-18th

Camper's Name: _____

If I am unable to sign or give verbal consent in case of emergency, I hereby authorize the administration of any medical treatment deemed necessary on March 16th- 18th 2012 by a Mt. Gilead Registered Nurse and/or a physician licensed under the provisions of the Medical Practice Act on the staff of a licensed medical facility. I understand that Mt. Gilead does not carry medical insurance on campers. I understand that medical insurance is the responsibility of the camper.

Insurance Carrier: _____

Policy Number: _____

Signed (18yrs or older): _____ Date: _____

Parent's Signature (If under 18): _____ Date: _____