## YOUTHFEST MEDICAL INFORMATION & LIABILITY RELEASE

Please PRINT	-			Pinth Data
Participant's nan	ile First	Initial	Last	Birth Date
Address				Home Phone
Str	eet	City		
				Cell Phone
Stai	te	Zip		
EMERGENCY ' In case of an eme				
Parent/Legal Gu	ardian:			
				Work
Emergency Conta	act:			Relationship:
Home		Ce	11	Work
Name of insurand Group Number MEDICAL INF • Date of la	member: ce company  ORMATIO st tetanus s	y: ON: shot:		
<ul> <li>Child's pl</li> </ul>	nysician's n	ame		Phone
<ul> <li>Allergies,</li> </ul>	conditions	s, chronic ailm	ents, dietary res	strictions, special needs, medical concerns of which we
should be	aware.			
Food				
Medicatio	ons			
Animal _				
Other: P	lease speci	fy all medical	conditions of v	which we should be aware, such as asthma, Diabetes,
heart con	dition, high	n blood pressu	re, etc.	
• My child	requires th	e following m	edicine:	
				uprofen if he/she requests it.
Y	es	No		DAGE 1 OF 2

## IN CASE OF MEDICAL EMERGENCY

I understand that, in the event medical treatment is required, every effort will be made to contact me or the emergency contact person. However, if I cannot be reached, I give permission to the staff to secure the services of a licensed physician to provide the care necessary, including hospitalization, anesthesia, injection, or surgery for my child's well-being. Further, I agree to accept any and all financial responsibility as a result of scheduling such treatment. I hereby agree to indemnify and hold harmless both The Friends of Israel Gospel Ministry, Inc., and Camp Michindoh, and all their officers, employees, and volunteer staff from any liability.

This release form is completed and signed of my own free will with the sole purpose of authorizing medic treatment under emergency circumstances in my absence.						
Participant's Name		· · · · · ·				
Signature of Parent or Legal Guardian	Date					

Print, complete, and mail to: Tim Munger, P.O. Box 250712, West Bloomfield, MI 48325-0712