

## TEAM Retreat - Medical Release and Permission Form

I hereby certify that \_\_\_\_\_ is in good health and has my permission to participate in all activities related to the TEAM Retreat. **In case of an emergency and/or surgical emergency**, I hereby give permission to the Physician selected by Tony Smyth to hospitalize, secure proper treatment for, and order injection, anesthesia, x-rays, or surgery for my child named above.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Health Insurance Co \_\_\_\_\_  
Policy # \_\_\_\_\_ ID # \_\_\_\_\_  
Allergies \_\_\_\_\_  
Medications \_\_\_\_\_

## TEAM Retreat -Medical Release and Permission Form

I hereby certify that \_\_\_\_\_ is in good health and has my permission to participate in all activities related to the TEAM Retreat. **In case of an emergency and/or surgical emergency**, I hereby give permission to the Physician selected by Tony Smyth to hospitalize, secure proper treatment for, and order injection, anesthesia, x-rays, or surgery for my child named above.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Health Insurance Co \_\_\_\_\_  
Policy # \_\_\_\_\_ ID # \_\_\_\_\_  
Allergies \_\_\_\_\_  
Medications \_\_\_\_\_

## TEAM Retreat - Medical Release and Permission Form

I hereby certify that \_\_\_\_\_ is in good health and has my permission to participate in all activities related to the TEAM Retreat. **In case of an emergency and/or surgical emergency**, I hereby give permission to the Physician selected by Tony Smyth to hospitalize, secure proper treatment for, and order injection, anesthesia, x-rays, or surgery for my child named above.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Health Insurance Co \_\_\_\_\_  
Policy # \_\_\_\_\_ ID # \_\_\_\_\_  
Allergies \_\_\_\_\_  
Medications \_\_\_\_\_

## TEAM Retreat - Medical Release and Permission Form

I hereby certify that \_\_\_\_\_ is in good health and has my permission to participate in all activities related to the TEAM Retreat. **In case of an emergency and/or surgical emergency**, I hereby give permission to the Physician selected by Tony Smyth to hospitalize, secure proper treatment for, and order injection, anesthesia, x-rays, or surgery for my child named above.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Health Insurance Co \_\_\_\_\_  
Policy # \_\_\_\_\_ ID # \_\_\_\_\_  
Allergies \_\_\_\_\_  
Medications \_\_\_\_\_