

**2023 MEDICAL RELEASE**

**AUTHORIZATION TO SEEK EMERGENCY MEDICAL TREATMENT**

I, \_\_\_\_\_, the parent, the guardian, or the person with legal custody of \_\_\_\_\_, do hereby authorize Kami Minor, Cindy Fritz and/or Jordan Fritz to seek emergency treatment for my child during the course of the following event or activity:

**All Girls Praise Weekend at White  
Memorial July 14 – 16, 2023**

This consent includes all necessary medical treatment that any treating physician or medical personnel concludes to be reasonably medically required to save life, limb or reduce further injury or harm. This consent also includes ambulance services if, in the adult sponsor's opinion, an ambulance is needed.

I acknowledge my obligation to pay for all such services and understand any medical treatment sought by the camp will be on an emergency basis only.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2023

Signed: \_\_\_\_\_  
(Parent, Guardian, or Person with Legal Custody)

**Contact  
Information:**

**Please Print Legibly**

Print Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other Contact Person: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

My child Does/Does Not take any special medications. Please circle one.

Special medications (if any) \_\_\_\_\_

\_\_\_\_\_

List any allergies or other pertinent medical information: \_\_\_\_\_

---