

Name of Family/Individual on Insurance Policy listed below \_\_\_\_\_

MEDICAL RELEASE FORM and INSURANCE INFORMATION

# Fall Getaway Retreat

To be completed for each family (or individual if attending as a single adult) for the The Spring Getaway Retreat on October 4, 5, and 6, 2019. While we hope to never have to use this information, in the event that something happens such that we do and you are unable to provide this, you are asked to complete the following.

**INSURANCE INFORMATION:** Please do not assume the presbytery already has this on file. This will be shredded following the retreat.

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Name on policy \_\_\_\_\_

Names of those covered by this policy: \_\_\_\_\_

Address: \_\_\_\_\_

Current Medications (list for each family member: \_\_\_\_\_

Allergies (list for each family member): \_\_\_\_\_

Surgeries (list for each family member): \_\_\_\_\_

Special Dietary Needs of those in your family: \_\_\_\_\_

**Please indicate by name any who are registered in your family who have a history with:**

Hay Fever \_\_\_\_\_ Convulsions \_\_\_\_\_ Lung Problems \_\_\_\_\_

Bee stings \_\_\_\_\_ Blood Pressure Problems \_\_\_\_\_ Ulcers \_\_\_\_\_

Fainting \_\_\_\_\_ Kidney Problems \_\_\_\_\_ Cancer \_\_\_\_\_

Asthma \_\_\_\_\_ Heart Disease \_\_\_\_\_ Diabetes \_\_\_\_\_

Sulfa Drug Allergy \_\_\_\_\_ Poison Ivy or Oak \_\_\_\_\_ Penicillin Allergy \_\_\_\_\_

Other Illnesses or Conditions: \_\_\_\_\_

In case of emergency, please contact \_\_\_\_\_ who is \_\_\_\_\_

in relationship to me at phone number: Day \_\_\_\_\_ Night \_\_\_\_\_.

In the event I, or any member of my family, am in need of immediate medical care, I give permission for those in charge of the retreat to seek appropriate medical care for us, if I am unable to do so myself.

**Signature of Insurance Policy Holder:** \_\_\_\_\_