Missouri Union Presbytery - Release Form
Fall Youth Retreat - November 8, 2025

Participant Information

Name_____ Home Church_____

Date of Birth _____ Age_____ Grade _____ Home Phone _____

Address,City/State/Zip_____ Participant Cell _____
NOT Parent/Guardian Cell

Participant Email Address _____
NOT Parent/Guardian Email

T Shirt Size: ☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ XX-Large ☐ XXX-Large

Parent/Guardian Information

Name_____ Phone_____

Email Address _____

Other Emergency Contact _____Relationship_____ Phone_____

Medical Information

Current Prescription Medications: (Please list medicine and dosage)

_____

_____

Name of the Family Doctor or Clinic: _____ Phone _____

Health insurance carrier: _____ Policy/Group No. _____

Photocopy of front and back of HEALTH INSURANCE CARD must be with this form

Medical Diet Restrictions:_____

Chronic or recurring illness, medical conditions or food restrictions: (list and explain any info we would need to know)

_____

_____

_____

Please submit a physician's statement regarding any condition which may limit youth participation

IMPORTANT - MUST BE COMPLETED FOR ATTENDANCE: To my knowledge, this health history is correct and complete. The person described and named above has permission to engage in all retreat activities except as noted. I give permission to Missouri Union Presbytery to provide routine health care, administer prescribed medications or Tylenol/Advil if needed, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to Missouri Union Presbytery to arrange related transportation for me/my child. In the event I cannot be reached in an emergency, I also give permission to the physician selected by the Presbytery to secure and administer treatment, including hospitalization, for the person named above. This form may be photocopied for use of transportation. I give permission for my child/me to participate in all regular event activities and for pictures taken of me and/or my child during the retreat to be used for presbytery publicity, including but not limited to website or social media.

Participant/Guardian Signature _____ Date: _____
if not over 18

☐ **Opt Out of photo release - Initial _____**