

## MEDICAL RELEASE AND SPONSOR FORM

Children and teens under the age of 18 who are attending Willamette Quarterly Meeting (WQM) without a parent or guardian MUST complete this form and bring it with you. DO NOT MAIL IT WITH THE REGISTRATION. Give it to your sponsor, your driver, or your Junior Friends Advisor.

Minor's name: \_\_\_\_\_ Age: \_\_\_\_\_

Adult sponsor's name: \_\_\_\_\_ Meeting: \_\_\_\_\_

I give my child permission to attend WQM at Camp Cleawox near Florence, Oregon from October 5-7, 2018 under the care of the adult sponsor(s) listed on this form.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

I agree to assume responsibility for the above named minor during the dates listed.

\_\_\_\_\_  
Sponsor's Signature

\_\_\_\_\_  
Date

### EMERGENCY MEDICAL TREATMENT AUTHORIZATION

The undersigned parent or legal guardian of the above named minor hereby authorizes \_\_\_\_\_ (sponsor) to consent to any medical or surgical treatment of said minor which such person deems advisable at his or her discretion. This authorization will be in effect on the days listed above, beginning with transport of minor to WQM and ending upon return to parent(s) or legal guardian. If a person other than the above listed sponsor is to provide transportation, a secondary sponsor shall also be designated and sign below. Secondary sponsor will have the same discretion for authorizing treatment as the main sponsor.

\_\_\_\_\_  
Secondary Sponsor Signature

\_\_\_\_\_  
Date

During this period the parent or guardian of the above named minor will be at the following location:

Parent Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Home address: \_\_\_\_\_

Different location this weekend? \_\_\_\_\_

2nd Parent or guardian \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Child's physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

Group ID#: \_\_\_\_\_

List any chronic allergies, illness, or conditions of concern of above named minor:

\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

(Use back of this form for any additional information you think the sponsor should know.)