

Medical Release Form

Edie's Retreat

2903 Rae Dell Ave

Austin, Texas 78704

Students Name _____

Parents name(s) _____

Emergency Contact # _____

Physicians Name _____

Physicians Phone contact _____

Permission to seek treatment:

I/We, the undersigned, hereby certify that I (We) am (are) the parent or legal guardian of the camper. I hereby give permission for the staff of the camp to seek during the period of the camp, appropriate medical attention to be given and for the camper to receive medical attention in the event of accident, injury, or illness. I will be responsible for any and all costs of the medical attention and treatment.

Parent or Guardian Signature _____

Date _____

