

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 2, 3, and 4, 2026. 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: _____