



905 NW 94th Street | Vancouver, WA 98665-6842

1701 NW 299th St. (Tri Mountain Golf Course) | Ridgefield, WA 98642

one church | two campuses

**Messiah Lutheran Church and Preschool
Wallowas Backpacking Trip
August 10 - 15, 2018**

MEDICAL RELEASE AND EMERGENCY TREATMENT

Name of Participant: _____ **Date of Birth:** _____

Home Address: _____
(street, city, state & zip)

My Physician is: _____ **Phone Number:** _____

Insurance Company: _____ **Policy Number:** _____

Medical information and/or comments that may be helpful. Please include any medications, allergies, food restrictions and/or medical conditions (ex: asthma.)

As the parent/guardian of the person listed above I give permission for my child to attend the Wallowas Backpacking Trip. This trip is sponsored by Messiah Lutheran Church. In the event that I (adult participant) or my child may require medical attention, I expect that reasonable efforts will be made to contact me or my emergency contacts (for adult participants); however, permission is granted for Messiah Lutheran Church trip leaders to seek emergency medical attention for myself or my youth. I agree to be financially responsible for the cost associated with these services. I release and discharge Messiah Lutheran Church and/or its representatives involved in this event from any liability whatsoever in exercising this permission.

Name of Parent(s)/Guardian(s)/Adult Participant (please print clearly): _____

Signature of Parent/Guardian/Adult Participant: _____ **Date:** _____

Messiah Lutheran Church and Preschool
Wallowas Backpacking Trip

August 4 - 9, 2017

EMERGENCY CONTACT INFORMATION

1. Name: _____ Relationship: _____

Phone Numbers: _____ (day) _____ (evening)

2. Name: _____ Relationship: _____

Phone Numbers: _____ (day) _____ (evening)