

# Authorization for Medical Care and Travel –

The Mountain Retreat & Learning Center Inc., PO Box 1299, Highlands, NC 28741-1299  
(828) 526-5838

**YOUTH INFORMATION:** CON Session: \_\_\_\_\_ Date: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## IN CASE OF EMERGENCY, PLEASE CALL:

PRIMARY NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

TELEPHONE: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

ALTERNATE NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

TELEPHONE: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

1. **MEDICAL INSURANCE:** I understand and acknowledge that any costs incurred, whether I have insurance or not, are my responsibility to pay. It is the responsibility of each person using **Mountain** facilities to provide continuing insurance coverage for medical costs, whether arising from illness or injury. If you do not have insurance your child can still participate in the conference. **Please include a photocopy of your insurance card, front and back.**

COMPANY NAME: \_\_\_\_\_ POLICY #: \_\_\_\_\_

NAME OF POLICY HOLDER: \_\_\_\_\_

GROUP NAME OR #: \_\_\_\_\_

2. **AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT:** In the event of medical emergency, I hereby authorize **The Mountain Retreat & Learning Center, Inc.** through its employees and agents, to obtain medical advice, care, and treatment as may appear to be appropriate to the circumstances. If I cannot be contacted directly to give my consent, this form may be used as a power of attorney on my behalf.
3. **PRESCRIPTIONS:** I understand that it is my responsibility of any costs incurred for prescriptions or other medications that are prescribed by a physician in the case of illness/minor injuries.
4. **LIABILITY WAIVER:** In consideration of the inherent potential for personal injury or property damage to any participant in sponsored programs or using facilities of **The Mountain**, to the extent permitted by law, I hereby release and indemnify **The Mountain Retreat & Learning Center, Inc.** and its agents and employees from liability for their acts or omissions in good faith.

## PARENT/GUARDIAN SIGNATURE:

\_\_\_\_\_  
DATE: \_\_\_\_\_

\_\_\_\_\_  
DATE: \_\_\_\_\_

### My child has permission to be given the following marked over-the-counter medications:

Please DO NOT send any of the over-the-counter medications that you see below UNLESS camper requires a daily dosage

\_\_\_\_\_ Advil (Ibuprofen)                      \_\_\_\_\_ Tylenol (Acetaminophen)                      \_\_\_\_\_ Sudafed (Decongestant)

\_\_\_\_\_ Benadryl (Antihistamine)                      \_\_\_\_\_ Cough Suppressant/Expectorant                      \_\_\_\_\_ Cough Drops

\_\_\_\_\_ Chloraseptic Sore Throat Spray                      \_\_\_\_\_ Pepto Bismol (Antidiarrheal)                      \_\_\_\_\_ Tums (Antacids)

Other (explain): \_\_\_\_\_