



Spring Thaw Permission Slip

Name _____ M _____ F _____ Age _____
Address _____ City _____ State _____ Zip _____

Authorization for Emergency Medical Care

I/we hereby give my/our permission to retreat officials to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for my/our child should an emergency arise. It is understood that retreat officials will make a conscientious effort to locate the emergency contact provided before any action is taken. If it is not possible to locate emergency contact listed, I/we will accept the expense of emergency medical or surgical treatment. I/we also give permission for the dispensing of listed medications to my retreaters as instructed.

Parent/Guardian Signature _____ **Date** _____

Name of Medical Insurance Company _____

Policy/Group # _____ Full name of the policy holder _____

Policy holder's date of birth ____/____/____

Emergency phone contacts

1st contact phone # _____ 2nd contact # _____

Permission to participate in "Paintball" / "Airsoft" activities

I/we also extend our permission for our child to participate in Paintball/Airsoft activities with the understanding that these activities are inherently dangerous and carry some risk. We release Multnomah University and its staff from any liability due to injury sustained during these events. No personal paintball guns allowed.

Parent/Guardian Signature _____ **Date** _____