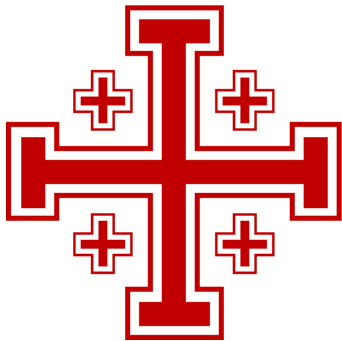


We adore You, O Christ, and we bless You...



The Church of the Holy Cross
Episcopal

11526—162nd Avenue N.E.
Redmond, WA 98052

Medical Emergency Consent Form
All Youth Retreat Camp Huston
14725 Ley Road, Gold Bar, WA

I, (please print) _____, the parent/legal guardian of

_____, give permission for my child(ren) to attend Camp Huston youth retreat and I understand that every reasonable effort will be made to inform me of any emergency situation immediately, and if I am not available, I authorize and consent to, and elect not to be informed in advance of, medical, surgical, and hospital care, treatment, or procedures to be performed for my child(ren) by a licensed physician or hospital, when, in the sole discretion of the attending physician, such care, treatment, and procedures are immediately necessary or advisable in the interest of my child(ren)'s health and well-being. I understand that I am responsible for payment of any medical bills incurred for my child.

Another person to contact in emergency:

Name _____ Tel. _____

Address _____

City _____ Zip _____

Relationship of contact person to child: _____

Signature of parent/legal guardian _____

Relationship to child(ren) _____

Child's physician _____ Telephone _____

Health coverage _____

Signed _____ **Date** _____

...because by Your Holy Cross You have redeemed the world.