

reMADE - Youth Rally 2020
February 14 – 17, 2020

Medical Release Form

My son/daughter _____ has my permission to attend the "reMADE" Youth Rally in Boise, ID. I, _____, the parent/guardian of the above mentioned child, give the representatives of the Boise Church of Christ the authority to obtain any necessary medical attention needed by my child.

Parent's signature _____ Date _____

Health Insurance Company _____ Policy # _____

Allergies _____ Medications _____

Send to: Boise Church of Christ
2000 EIDorado Street
Boise, ID 83704-7498

Please email any Food Allergies or special dietary requirements to mmmiller81@msn.com