

# Called Out - Youth Rally 2025

February 14 – 17, 2025

## Medical Release Form

My son/daughter \_\_\_\_\_ has my permission to attend the "Called Out" 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](mailto:mmmiller81@msn.com)