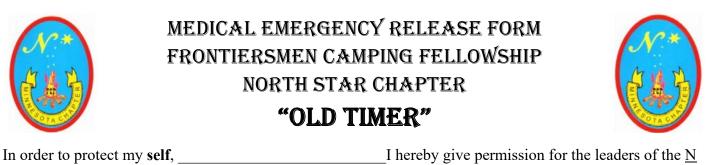


MEDICAL EMERGENCY RELEASE FORM FRONTIERSMEN CAMPING FELLOWSHIP NORTH STAR CHAPTER



"OLD TIMER"

medical care, including the administration of a act in my behalf when I am unable to be reached accident. I understand that this form is effective changed or revoked at any time by notifying the agree to notify the leaders in the North Star Chealth changes, which would restrict my particulated that North Star Chapter, Frontiersmen Care	ip and their helpers: to call for a physician, secure necessinesthesia if surgery is advised by a physician; and to othe ed and/or when delay would be dangerous in case of illner ve for the dates noted below, from the date signed, but much le North Star Chapter, Frontiersmen Camping Fellowship tapter, Frontiersmen Camping Fellowship in the event of sipation in any of the normal activities of the group. I und tamping Fellowship has the responsibility and the right to feel is beyond the physical capabilities of that person.	erwise ess or nay be p. I any ler-
This is effective from:	to:	
My Name:		
My date of birth:		
Home Address:		
City, State & Zip:		
In case of Emergency please contact the follow	ving person:	
Home Phone:	Cell Phone:	
Medical Insurance is:	Policy #:	
Family Doctor	Phone #:	
Specialist Doctor:	Phone#:	
Drug Allergies & other allergies:		
Medical Concerns:		
Medication presently being taken:		
Minnesota District Council of the Assemblies of Fellowship to use my likeness in photographs of	ne being allowed to participate in this event, I authorize to of God and the North Star Chapter, Frontiersmen Campitor video in any and all of its publications and in any and claim against the District or the North Star Chapter, Frontier photographs or video."	ng all
Signature:		
Print Name:	Date:	