Consent form for Beulah Beach

Name: _____ Phone: _____

Address:_____

Birth date: _____

Name of Insurance: _____Policy Number:_____

Parents' Names _____

Address if different from above: _____

Any physical limitations, medications, or allergies: _____
_____
_____

My child, _____, has permission to participate in the confirmation retreat. With this signed statement I absolve Cindy O'Hara, Rev. Peters, St. Paul Lutheran Church, and any and all members of its governing boards of any responsibility for the safety and welfare, health and well being of the person named above, beyond such matters as may be called reasonable care for the students in the custody of a counselor and subject to all the counselor's clear instructions and assumes personally and exclusively all the responsibility and liability for accident, injury, etc. Which may occur to the above named student during the time of this gathering Oct. 6/7, 2007.
Emergency Procedure: In the event of any emergency, leaders will attempt first to contact the parent. If this is not possible, first aid will be administered by staff or counselors, and if needed they will authorize emergency medical care by the hospital staff and or doctor selected by the staff or counselors

_____
Signature of Parent/Legal Guardian date

In case of emergency, please contact: _____
Name Phone

Any additional contacts:
_____
_____

Please enclose a check made out to St. Paul Lutheran Church, memo: confirmation retreat for $35 or whatever amount you can afford. Or _____ take $35 out of my "youth group account".