



Mid-Winter Retreat Permission and Emergency Contact



I give permission for my child, _____ to attend retreat at Waypost Camp on January 25-27, 2019.

Primary Contact:

Name/s: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____

Emergency Contact (In the event primary contact cannot be reached):

Name/s: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____

Insurance Company: _____ Policy Number: _____

Health Concerns/Allergies: _____

Medications (Please bring in original bottles and include instructions): _____

I, the undersigned parent or legal guardians of the above named student, hereby give my permission for the above student to participate in said activity above, which is being sponsored by Saint Andrew Lutheran Church of Wausau, WI.

In the event of a medical emergency, I hereby authorize staff or volunteers representing Saint Andrew Lutheran Church of Wausau, WI to act in the best interests of my child. Such persons may authorize all necessary medical and/or surgical procedures that they deem vital for the health of the person represented above. I understand that every effort will be made to contact me and that medical or surgical procedures will be implemented only in the event that I cannot be contacted. I assume all risk for, any injury, illness, death, or property damage, which could occur during this church-related activity. I am solely responsible for all medical costs or property damages.

(Parent/Guardian Signature)

(Date)