

Parent Permission Form for:

9th grade retreat



Minnetonka Lutheran Church
16023 Minnetonka Blvd
Minnetonka, MN 55345
mtkalutheran.org
(952) 935-3419

Date: Friday, April 16th- Sunday, April 18th 2010
Cost: \$80 (includes four meals, lodging and transportation)
Where: Luther Park, Danbury WI

I give permission for my son/daughter (listed below) to attend the above event sponsored by Minnetonka Lutheran Church. I give permission for him or her to ride in church arranged vehicles to and from the event. I hereby release Minnetonka Lutheran Church (MLC), its staff, teachers, small group leaders and volunteers from any and all liability to people or property, which may result due to accident or injury during this activity.

NAME _____ Birth Date _____

Home Address _____

Insurance company _____

Policy number for above person _____

Does your son/daughter have any medical conditions that the staff or chaperones at this event should be aware of? If so, please specify/explain:

Does your son/daughter take any medication? If so, please specify what it is and why it is taken:

Are there any other things that the church staff or chaperones should be aware of? Please explain:
(Such as FOOD ALLERGIES or special Dietary needs)

Emergency contact
name _____ phone number _____

Check here if you **do NOT give permission** for pictures of your son/daughter to be used or displayed for church purposes, including on the MLC website.

I authorize a representative or member of MLC to consent to and/or authorize emergency medical treatment, surgery or dental care to be given to my son/daughter as considered advisable or necessary in the judgment of a medical professional or attending physician. I agree not to hold the representative liable for suits or claims arising from giving such consent. I understand I am responsible for the cost of such medical care and affirm the insurance and medical information given above is accurate to the best of my knowledge.

Parent/guardian signature _____ **date** _____