

Trinity Lutheran High School Retreat

I, _____, give permission for my child, _____
to attend the Trinity High School Retreat in Big Bear, CA. from July 17th through
July 19th, 2009. I include payment of \$95.00 to cover the cost of food, materials
and activities.

I authorize the Trinity Lutheran youth leaders to obtain any necessary
medical treatment at a licensed medical facility for my child in the event of an
emergency. I understand that I will be contacted at the earliest opportunity
regarding any medical issues involving my child.

Medical Insurance Information (optional):

Company: _____

Group # _____

Member #: _____

Subscriber Name: _____

My child will require the following medications while on this trip. I understand that
the youth leader is trained to administer medications as well as emergency first
aid.

Medication: _____ Dosage: _____ Times daily: _____

Please list any as-needed medications that will be sent to the retreat: _____

I hereby give permission for the youth leader to administer the following
medication in case of illness: (check those that apply)

___ Tylenol (for headache or pain)

___ Motrin (for headache or pain)

___ Tums (for stomach distress)

I understand that these medications will be provided by the youth leaders.

I further understand that any behavior on the part of my child that is
dangerous and unacceptable will result in a phone call from the youth leaders
requesting that I pick up my child from Big Bear.

Parent Signature: _____

Home phone: _____ Cell phone: _____