

RETURN WITH REGISTRATION FORM.

Redeemer Lutheran Church

1712 Menasha Avenue
Manitowoc, WI 54220-1839
920-684-3989

Youth Activity Parental Consent Form

Youth's name _____

Address, phone & email:

My child has my permission to participate in the **Fall Retreat at Camp Y-Koda, Oct. 1-3, 2010**. I give permission for my child to ride in any vehicle designated by the staff or adult leaders of Redeemer. I have encouraged my child to fully participate in this activity. I agree to direct my child to cooperate and follow the directions, rules and instructions of the staff of Redeemer, other adult leaders or camp staff.

I understand that all matters of discipline will be handled in a Christian manner. If however my child fails to change their disruptive behavior, I further accept the responsibility to personally remove my child from the group's location so that the rest of the group may continue the activity. My child will be sent home immediately for inappropriate behavior involving the opposite sex or possession of illegal substances (i.e.: alcohol, tobacco, drugs, firearms, fireworks or weapons).

Parental Consent for Emergency Health Care

Please list where you can be reached in the event of an emergency.

Parent(s) Name(s) _____

Phone numbers: _____

If you are unable to be reached, please name another person that you authorize to give permission for health care for your child. The authorized person should know that you have listed them for this responsibility.

Authorized Person _____

Relationship to child: _____

Phone numbers: _____

If none of the above persons can be contacted,
I give my consent for my child to be given emergency medical care or treatment as decided by the Redeemer staff and leaders.

Parent(s) Signature(s) _____ Date _____

_____ Date _____

ALLERGIES _____

SPECIAL NEEDS _____

MEDICATIONS _____ Which do you prefer? (Circle One) Tylenol or Ibuprofen Neither