

Permission
CAC YOUTH RETREAT
September 30 – October 2, 2016

Name _____

Address _____

Home Phone _____

Work Phone _____

Date of Birth _____

Emergency Contact Person and Phone Number

Physician Name and Phone Number _____

Any medical problems or allergies that we need to know about _____

My son/daughter _____ has permission to attend the Central Atlantic Conference Youth Retreat at Zion Evangelical Lutheran United Church of Christ, September 30 – October 2. I authorize permission for _____ (please write in the name of the adult accompanying your son/daughter to the retreat) and or the Katie Penick, Debra Wilcox, Rebecca Shillingburg, or Barbara Kershner Daniel to seek emergency treatment for my son/daughter should the need arise.

Signature of Parent/Legal Guardian and Date

Medical Insurance Company and Group Number

(Please list any food allergies and/or medications on the other side of this form along with any other information you wish us to know.)

I give permission for photographs to be posted to event related social media, such as Facebook.

Signature of Parent/Legal Guardian and Date
