EDMONDS LYNNWOOD PARISH
PARENT/GUARDIAN PERMISSION/MEDICAL RELEASE FORM

Event: 8th Grade Retreat 10
Place: Camp Huston, near Gold Bar
Date(s): March 12-14, 2010

I, _____, am the parent of legal guardian of
[name of parent or guardian]

_____, and I am informed of the activities that the Edmonds-Lynnwood Lutheran Parish will be involving my child in for the above stated dates/times.
IN THE EVENT OF A MEDICAL EMERGENCY, I hereby give my permission for the above named child to have x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon advice of or to be rendered by physician and surgeon licensed under Medical Practice Act for my child. I agree to pay all charges for needed medical, dental or hospital care or treatment.

Any special needs?
_____
Any special physical limitations?
_____

_____	_____
Signature of parent or guardian	Date
_____	_____
Home Phone	Work Phone
_____	_____
Family Physician	Physician's Phone Number
_____	_____
Health Insurance	Group Number

THIS PORTION MUST BE SIGNED BY PARENT/GUARDIAN AND RETURNED TO EVENT LEADER
.....TEAR HERE.....

EVENT: 8th Grade Retreat GROUP: Grade 8
WHERE: Camp Huston WHEN: March 12-14, 2010
DEPARTURE PLACE: Jeremiah Center TIME: 6:00 PM DATE: 3/12/10
RETURN PLACE: Jeremiah Center TIME: 1:00 PM DATE: 3/14/10
COST: $90 EXTRA $ NEEDED: $7 or more for lunch on the way home
EVENT LEADER(S): David Greenlee PHONE: cell #425-218-0897
EMERGENCY CONTACT PHONE: David's cell phone
WHAT TO BRING: Bible, sleeping bag, pillow, clothes for inside and out, pillow, Bible, personal toiletries, Bible….please no video games, Ipods or cell phones & no energy drinks. Eat before leaving on Friday, no dinner.