

**EDMONDS-LYNNWOOD PARISH
PARENT/GUARDIAN PERMISSION/MEDICAL RELEASE FORM**

Event: MIDDLE SCHOOL SUMMER CAMP
Place: CAMP LUTHERHAVEN, COUER D'ALENE, ID
Date(s): JULY 18 - 24, 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 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 or Cell 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: MIDDLE SCHOOL SUMMER CAMP	GROUP: Grades 7
WHERE: Camp Lutherhaven, Coeur d'Alene ID	WHEN: July 18-24, 2010
DEPARTURE PLACE: Jeremiah Center	TIME: 8:00 am DATE: July 18
RETURN PLACE: Jeremiah Center	TIME: 2:00 PM DATE: July 24
COST: \$325 [350 late] EXTRA \$ NEEDED: Snacks & Canteen \$20 - 40	
EVENT LEADER(S): David Greenlee	PHONE: 425-778-3248 Parish Offices
EMERGENCY CONTACT PHONE: David's Cell phone 425-218-0897 or camp phone	
WHAT TO BRING: See packing list on camp material and bring sleeping pad	