

**Union Lutheran Church
Catechism Retreat Permission Form**

I _____ (parent/guardian – PRINT)

Do hereby give permission for _____ (name of student –

PRINT) to attend the Union Lutheran Church Catechism Retreat at Kenbrook Bible Camp, Lebanon PA from **FRIDAY, October 17th to SAT. October 18, 2008.**

MEDICAL RELEASE

In the event of an emergency where medical treatment is required, I give permission to the Church Staff or Retreat Leaders to obtain the services of a licensed physician or hospital. Please attempt to notify me immediately concerning any such emergency.

Name of Student: _____

Home Address: _____

Phone: (Home) _____ (cell) _____

Person to Notify: _____

Comments on Medical Restrictions/Allergies:

Signature (parent/guardian): _____ **Date:** _____

parents' email address: _____ child's email address: _____

Medical Insurance Carrier: _____

Group Number or ID Code: _____

PLEASE RETURN THIS FORM & \$35.00

(checks payable to Union Lutheran Church)

You may return this form to one of the Pastors at the Parents'

Meeting on September 14th or no later than

OCT. 1st to the office.