

# PERMISSION SLIP/HEALTH FORM

**I give my permission for** \_\_\_\_\_ to accompany Chris Richards and Dell Sanderson on the Faith/First Lutheran Church Confirmation Retreat to Luther Crest in Alexandria, MN.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**In case of medical emergency** I can be reached at these phone numbers:

Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

In the event that no one can be reached at the above numbers:

**Other contact person:** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**In the event that I cannot be reached, I give the adult leaders permission to make medical decisions on my behalf.**

**Health Insurance Information:**

Company Name & Address:

\_\_\_\_\_  
\_\_\_\_\_

Policy # \_\_\_\_\_

*(please attach a photocopy of health insurance card)*

**Other information** (allergies, special diet, prescription drugs that your child will have with them, etc): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Parent/Legal Guardian's Signature)

\_\_\_\_\_  
(Date)