

Parental Permission Form

I give my son/daughter _____ permission to participate in the Winter Youth Retreat to be held February 10-11, 2012, at Camp Hebron, with Living Hope Church. I understand this retreat will incorporate physical games and activities.

Signature of parent or guardian

Is your son or daughter currently being treated for any injury or sickness or taking any medication? (please explain):

Do they have any allergies, to medication, foods or other?

Is there any thing else we should be aware of? (medical condition or dietary concern, etc)

Please answer for each youth attending. (Attach extra sheet if needed)

Name of Parent _____

Contact email: _____

Phone: _____

I'd like to help with the retreat. Please contact me and let me know what opportunities there are to serve!