

**Girls Only Retreat**  
**Parental Consent and Travel Permission Form**

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_ Grade \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Alternate Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

**To Whom It May Concern:**

*I, the undersigned*, being parent or legal guardian of the child named above, do hereby give permission for my child, \_\_\_\_\_ to attend and participate in all of the regular scheduled activities of the **2010 Girls Only Retreat at Freedom Moravian Church** on April 9-11, 2010.

Is your child presently being treated for an injury/illness, or taking any medications for any reason?

NO \_\_\_\_\_ YES \_\_\_\_\_ Explain: \_\_\_\_\_

Does your child have (or has she ever had) any of the following: (circle and explain)

Seizures Asthma Heart murmur Diabetes Hay Fever Kidney disease Allergies Physical handicaps Other

Explain \_\_\_\_\_

(Please use reverse side of this page if additional space is needed)

*I understand* that I will be notified in the case of medical emergency involving my child. However, in the event that I cannot be reached, *I authorize* the calling of a doctor or dentist and the providing of necessary medical services in the event my child is injured or becomes ill. I understand that the church will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent/guardian. (A photocopy of this document has the same force and effect as the original)

Should it be necessary for my child to return home due to medical reasons the undersigned shall assume all transportation costs.

*My child understands* that she must abide by the rules established by the leaders of the Girls Only Retreat. In the event of her failure to abide by the rules I understand that I will be contacted and be expected to come and pick her up at our expense.

*I, the undersigned*, also do hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy/ID no. \_\_\_\_\_ Group no. \_\_\_\_\_

Name of Insured \_\_\_\_\_