

# 2012 Mid Winter Retreat Parental Consent and Travel Permission Form

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_  
Last First

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Grade \_\_\_\_\_

Phone(s): Mother - Home \_\_\_\_\_ Cell: \_\_\_\_\_ Business: \_\_\_\_\_

Father - Home \_\_\_\_\_ Cell: \_\_\_\_\_ Business: \_\_\_\_\_

**The undersigned** does hereby give permission for our (my) child, \_\_\_\_\_ to attend and participate in the **2012 MIDWINTER RETREAT**. I understand that they may be traveling by Church Van or be transported by other authorized adults.

**We (I) authorize** an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

**The undersigned** shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

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

**Our (my) child understands** that he/she must abide by the rules established by the leaders of the Midwinter Retreat. In the event of his/her failure to abide by the rules we (I) understand that we (I) will be contacted and be expected to come and pick him/her up at our expense.

**The undersigned** also does hereby give permission for our (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.

Hospital Insurance: Yes  No

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
Name

Alternate Contact \_\_\_\_\_  
Name

Participant \_\_\_\_\_ Date \_\_\_\_\_

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

Home Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

On the reverse side of this page, please list any allergies or special medical problems your child may have. Thank you.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail this completed form along with registration fee (\$35.00 prior to 1/27/12 & \$50.00 after 1/27/12) to: Sara Schumacher, N2511 Thornapple Lane, Appleton, WI 54913