

Workcamp 2020 – Registration and Medical Form

Peace Lutheran Church – 21W500 Butterfield Rd., Lombard, IL 60148

**Parental Consent**

I grant permission for my child to participate in all Youth and Workcamp Trip related activities with Peace Lutheran Church. It is solely my responsibility to inform the Youth Ministry Team of any changes in medical information.

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

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

Youth's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address if different than Youth \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Other Parent/Guardian Name \_\_\_\_\_

Address if different than Youth \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Medical Conditions We Should Know About?

\_\_\_\_\_

Dietary Restrictions We Should Know About?

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## Disabilities or Physical Limitations We Should Know About?

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Prescribed Medications? (Youth may not self-administer over-the-counter or prescribed drugs)

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*We will have certain over-the counter medications on hand for youth. You need not provide these items, but your permission must be given for youth to be able to take these items. Youth are not permitted to self-medicate at any time on this trip. Having the youth come to leader for those medications helps to keep track of what they have taken in case of an emergency where we need to communicate that information to medical help. We always follow instructions given for dosage and use. We also document each time we administer any medication to a youth. Should a situation arise where an over-the-counter medication is needed that we do not have in our possession, we will call you and seek permission to purchase and administer what is recommended.*

Please initial the following over-the counter medications you give permission for us to administer to your child during the trip.

Ibuprofen \_\_\_\_\_ Benadryl \_\_\_\_\_ Anti-Acid \_\_\_\_\_ Dramamine (Travel Sickness) \_\_\_\_\_

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I give my child permission to participate in the Youth Trip and Workcamp with Peace Lutheran Church. I agree to the following conditions for participation:

- Peace is not responsible for loss/theft of any personal belongings on the trip.
- I understand that my child may be photographed during an activity/event. These images may be used on the Peace website, social media page, marketing material or for power point presentations during services. The name of the child will not be used.
- I give permission to all adult leaders on the Youth trip and at Workcamp to secure emergency medical and/or treatment for my child, the named minor. I understand that I will be responsible for any and all costs and medical bills that may be incurred.
- I will not hold liable nor financially responsible Peace Lutheran Church, Peace Youth Ministry Team, nor any adult leader associated with our trip.

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

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