

High School Retreat Permission Slip

I consent to let my child, _____, participate in Peace Lutheran,
Lombard's- High School Retreat event at **Camp Timber-Lee, from Friday, February 16 to
Sunday, February 18, 2018.**

Parent/Guardian Signature: _____

Printed Name: _____ Date: _____

Do we have permission to use your child's photo on bulletin boards, advertisement, etc? (name will
be withheld) _____

In case of emergency contact:

1st Contact

Name: _____ Relationship: _____

Phone: (____) _____

2nd Contact

Name: _____ Relationship: _____

Phone: (____) _____

Does your child have any allergies and/or medical conditions that we should be aware of?

If yes, please list and explain. _____

I authorize an adult leader to administer the following over the counter medicines to my child. (Check all that
apply)

Ibuprofen _____ Pepto-Bismol _____ Imodium _____ Benadryl _____

I understand that all prescription medicine(s) sent with my child must be clearly labeled
and turned in to an adult leader when my child is dropped off. (please initial) _____

You may detach the bottom section of this permission slip and use it as a reminder.

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Peace Lutheran High School Retreat to Camp Timber-Lee

Friday, February 16<sup>th</sup> to Sunday, February 18th

\*\*We'll meet to eat at 5 pm on Friday at Peace and return by 3pm on Sunday\*\*

(We might get back as early as 2:00. We will call ahead if it looks like we're going to arrive early.)

The cost is \$100 and includes Friday night's dinner.

**Registration deadline is 2/9/18 or until spots are filled**

Leathershop Projects, Trail rides, and Zipline. Zipline is \$10 and Trail rides are \$15