St. Peter's Lutheran Church – Confirmation Retreat

PARENTAL PERMISSION AND MEDICAL AUTHORIZATION FORM & BEHAVIOR AGREEMENT

Youth Name _____ **Date of Birth** _____/_____/_____ **Age**_____

Please print

MEDICAL RELEASE

I hereby request and authorize the St. Peter's Lutheran Church leaders, Camp Lutherhaven staff, hospitals, licensed medical or dental providers and their agents and employees to have access to the information contained in this form and to provide all medical or dental care, routines tests, treatment, and necessary transportation advisable for the health and safety of my child. This authorization includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care under the supervision, and upon the advice of or to be rendered by, a physician or surgeon licensed under the Medical Practice Act or dentist licensed under the Dental Practice Act for my child. _____ *Initials*

ACTIVITY RELEASE

1. I further give permission for my child to participate in all supervised activities except as noted below:
   _____ *Initials*

2. A. I acknowledge that transportation is being arranged and coordinated through St. Peter's Lutheran Church staff and I give permission for my child to travel to/from St. Peter's Lutheran Church and Camp Lutherhaven (Albion, Indiana) via the arrangements made by staff. _____ *Initials*
   -OR-
   B. I will assume full responsibility in getting my child to/from Camp Lutherhaven on the dates and within the timeframes determined by St. Peter's Lutheran Church staff. _____ *Initials*

MEDICAL & EMERGENCY CONTACT INFORMATION

Please provide no less than 2 contacts

	NAME (please print clearly)	**PHONE NUMBER** (include area code)
1		
2		
3		

	PHYSICIAN NAME (please print clearly)	**PHONE NUMBER**
1		

	DENTIST NAME (please print clearly)	**PHONE NUMBER**
1		

over

PLEASE LIST ANY ALLERGIES TO DRUGS, FOOD, PLANTS, INSECTS, ETC. -OR- ☐ check if no allergies _____ *Initials*

1. _____ 2. _____

3. _____ 4. _____

Please indicate below (and explain in person to a St. Peter's Lutheran Church Confirmation Leader) any additional medical information that the retreat leaders need to be aware of while supervising your child during events. _____ *Initials*

BEHAVIORAL AGREEMENT

Any behavior (verbal or non verbal) that is deemed destructive, disruptive or otherwise inappropriate by St. Peter's Lutheran Church or Camp Lutherhaven Staff Leaders will not be tolerated. If a situation occurs, the parent named below will be contacted and required to pick up child immediately.

By signing below, the Parent is agreeing to be available to pick up their child should the Retreat Leaders require the youth to leave the event based on behavioral issues. The youth is acknowledging his/her understanding of the consequences of his/her behavior.

Therefore, as God's chosen people, holy and dearly loved, clothe yourselves with compassion, kindness, humility, gentleness and patience. Colossians 3:12

Parent Signature: _____ Contact Phone #: ( )_____-_____

Youth Signature: _____

AUTHORIZATION & PERMISSION

I have provided all requested information to the best of my ability and give permission for my child to attend St. Peter's Lutheran Church Confirmation Retreat October 16-20, 2026.

/ /

Signature of Parent or Legal Guardian | Printed name | Date

CHAPERONE INFORMATION: ☐ No, I will not be able to chaperone

☐ Yes, I will be able to chaperone (cost of chaperone is covered)

Name of Chaperone: _____ -OR- ☐ Same as Parent listed above
Printed Name

Contact phone #: ( ) _____-_____ -OR- ☐ Same as Parent listed above

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****Please return this completed form to Pastor McDowell, no later than September 28, 2026****