



trinity

Love. Transform. Serve.

# Overnight Camp and Trip Release Form

Event Name:	Event Date:
-------------	-------------

## Student Information

Name of Participant:		Grade:	School:	
Address:		City:	State:	Zip Code:
Date of Birth:	Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female	T-Shirt Size (check size): <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	

## Parent Information

Please provide an e-mail address. Future communication regarding event details will be sent via e-mail.

Parent Name(s):	Home Phone:	Work Phone:	Cell Phone:
Address:	City:	State:	Zip Code:
Parent Name(s):	Home Phone:	Work Phone:	Cell Phone:
Address:	City:	State:	Zip Code:
E-mail Address(es)			

## Emergency Information

Emergency Contact Name:	Relationship:	Home Phone:	Work/Cell Phone:
-------------------------	---------------	-------------	------------------

## Health Information

Doctor's Name:	Doctor's Office Phone Number:
Medical Insurance Company:	Policy Number:
Please indicate below any medical needs the youth staff should be aware of:	<input type="checkbox"/> Allergies (insects, food, medications, etc.)? If so, please explain:
	<input type="checkbox"/> Illnesses (asthma, bleeding, cold, flu)? If so, please explain:
	<input type="checkbox"/> Physical restrictions, personality changes, mood swings or depression over the past 6 months? If so, please explain:
My child, _____ can be administered the following over-the-counter medication(s) for the appropriate symptoms, according to the directions.	
<input type="checkbox"/> Tylenol <input type="checkbox"/> Ibuprofen <input type="checkbox"/> Pepto Bismol <input type="checkbox"/> Benedryl <input type="checkbox"/> Sudafed <input type="checkbox"/> Calamine lotion <input type="checkbox"/> Hydrocortisone Cream <input type="checkbox"/> Cough/cold, sore throat lozenges	

**Form continues on the back page.**

## Prescription Medication Information

Prescription medications will be collected at the time of check-in and distributed by an adult as directions indicate. Exceptions are immediate response medication such as inhalers.	Drug Name:	Instructions:
	Drug Name:	Instructions:
	Drug Name:	Instructions:

## Release Information

I am the parent/legal guardian of the participant named below, and hereby grant my permission for him/her to participate fully in Trinity Lutheran Church related events/trips and activities, and to be transported off-site with Trinity staff members. In the event of an emergency and I cannot be reached, I give permission for the supervising Trinity staff member or the available adult leader to sign forms that would ensure the necessary and immediate treatment of the participant. I give permission to those administering emergency treatment to do so, using those measures deemed necessary. I furthermore absolve those acting on my behalf in their regard from liability, as long as there is no gross negligence.

*(Please attach a clear statement regarding the treatment of your child in the event of an emergency if different than the instructions stated in this paragraph. Please sign and date.)*

I give permission for my youth's photo to be used for publicity purposes:  Yes  No

Youth's Name:	Parent/Guardian Signature:	Date:
---------------	----------------------------	-------

## Behavior Statement

To ensure a safe, wholesome, Christian environment for everyone, we ask that the student read and agree to the following expectations:

- There will be no possession or use of drugs (including drugs and alcohol) and no inappropriate sexual activity, such as making out or hanging on to another.
- Participation in all group activities and appropriate participation in small group and large group events.
- Respect for group leaders, adults, peers, camp staff, and camp facilities are expected at all times.
- Potentially harmful or dangerous behavior to self or others of any kind will not be tolerated. No weapons of any kind.

Parent/Guardian Signature:	Date:
----------------------------	-------

I \_\_\_\_\_ (*student name*) have read the expectations and I agree to abide by them. I understand that any behavior that breaks an expectation will be dealt with immediately and may result in being sent home at my parent's expense. I recognize I am an ambassador of our community and Christ, so my attitude and behavior will reflect as such.

Student Signature:	Date:
--------------------	-------

Fees are non-refundable and non-transferable.

*Please make checks payable to Trinity Lutheran Church.*

If not a member of Trinity Lutheran Church, are you interested in receiving mailings relating to our Youth Ministry events?

Yes  No

If not a member of Trinity Lutheran Church, are you interested in membership information?  Yes  No



Submit