

**CONFIRMATION OVERNIGHT RETREAT  
PERMISSION AND MEDICAL FORM**

**THIS FORM MUST BE COMPLETED BY ALL PARTICIPANTS. A PARENT / GUARDIAN  
SIGNATURE IS REQUIRED.**

Name of Participant: \_\_\_\_\_

Participant's Date of Birth (mo/day/yr): \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Policy / Contract Number: \_\_\_\_\_

Allergies / Disabilities / Special Medical Conditions, Food Needs, or other concerns of which event leaders should be aware:

\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_

Is the above named able to responsibly self-medicate?    Yes    No    N/A    (circle one)  
If No, please provide instructions on the back of this form.

**Emergency Contact Information:**

Name \_\_\_\_\_ (relationship): \_\_\_\_\_

Primary phone: (\_\_\_\_\_) \_\_\_\_\_ (home, mobile, work, other)

Alternate phone: (\_\_\_\_\_) \_\_\_\_\_ (home, mobile, work, other)

Secondary Contact: \_\_\_\_\_ (relationship): \_\_\_\_\_

Primary phone: (\_\_\_\_\_) \_\_\_\_\_ (home, mobile, work, other)

Alternate phone: (\_\_\_\_\_) \_\_\_\_\_ (home, mobile, work, other)

**Parents / guardians of participants under 18 must complete this section:**

• I \_\_\_\_\_ grant my permission that the above named youth may participate in the Confirmation Overnight Retreat at Our Saviour Lutheran Church, Warrenton, VA.

• In the event I cannot be reached at the numbers above, I give permission to have the above named youth treated at an appropriate medical facility as deemed necessary.

• I attest that to the best of my knowledge the participant has not been exposed to or shown symptoms of Covid-19 within the last ten days.

• I hereby release Our Saviour Lutheran Church, its staff and volunteers of liability for any accident, illness, or loss that may be sustained by my child through participation in this event.

\_\_\_\_\_  
(Signature of parent / guardian)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)