



**PARENTAL AGREEMENT
AND PERMISSION FORM**

I, as the parent or legal guardian of _____
Print child's name

give permission for his/her participation in the off campus activity described below. I understand that reasonable care will be taken by supervising personnel to see to the safety of my child. I grant permission for the adult group leader in charge to obtain medical care from a licensed physician, hospital or medical clinic for my son/daughter in the event that I cannot be reached. Trip _____

Parent/Guardian Signature:

Note to students and parents

Students are accountable for the assignments, tests, and material covered in the classes missed for this activity. Students must meet all the criteria including dress set by the trip moderators or permission to participate will be denied.

Please fill out and sign the above form and have your child return it and any fees to the teacher no later than _____.

Feel free to keep the bottom portion.

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ACTIVITY **Peer Ministry Retreat** _____ YEAR LEVEL(S) _____

DESTINATION **Summit Lake Camp, Emmitsburg MD**

EDUCATIONAL PURPOSE OF TRIP **Christian Leadership training**

DAY OF TRIP **August 17-18th** TIME LEAVING **Tuesday, 10:30am**

TIME RETURNING **Wednesday, 1:30pm** _____

TYPE OF TRANSPORTATION **Bus** _____

COST PER CHILD **\$65** DRESS EXPECTATION **Casual**

TEACHER CONTACT PERSON **Dawn Miller**