Bring this Authorization to retreat	
Camp Luz Jr High Retreat Authorization	
Prescription medications (that are brought to the retreat):	
Allergies or unusual medical conditions:	
Last Te	etanus
I give permission for my son/daughter (mentioned above) to attend the retree permission for a licensed physician, chosen by the retreat director, to perform including X-rays, administer medications and perform emergency surgery. I resulting expense which is not covered by camp insurance. I also give permi- used in camp publicity and on its website.	m emergency medical treatment I will assume liability for any
Print Parent/Guardian Name:	
Phone Number	
Signature:	
Bring this Authorization to retreat Camp Luz Jr High Retreat Authorization	
Participant	_
Prescription medications (that are brought to the retreat):	

Last Tetanus

I give permission for my son/daughter (mentioned above) to attend the retreat at Camp Luz. I further grant permission for a licensed physician, chosen by the retreat director, to perform emergency medical treatment including X-rays, administer medications and perform emergency surgery. I will assume liability for any resulting expense which is not covered by camp insurance. I also give permission for photographs to be used in camp publicity and on its website.

Print Parent/Guardian Name:

Phone Number

Signature:_____ Date:___/_/___