

Bring this Authorization to retreat

Camp Luz

Youth Retreat Authorization

Participant _____

Prescription medications (that are brought to the retreat): _____

Allergies or unusual medical conditions: _____

_____ 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 # _____

Signature: _____ Date: ____/____/____

Parents: Camp insurance provides secondary coverage for accidents.

What should I bring?

Bring this!

November type casual clothing
Warm jacket, gloves
Dark clothes for *Persecution*
Bedroll & pillow
Personal items (towel, etc.)
Bible, pen & the attached Authorization Form
Optional: camera, flashlight, musical instrument

Don't bring this!

July type casual clothing
electronic gadgets (AKA: distractions)
Fireworks
Snacks — hey, we'll feed you good!

Arrive: Friday @ 7 pm **Depart:** Sunday by noon

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