

# St. John' Lutheran Church

101 W. Martin St

Martinsburg, WV 25401

304-263-9291

Pastormattday@gmail.com

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## Confirmation Retreat Permission Form

I, \_\_\_\_\_, hereby give permission for my child, \_\_\_\_\_, to participate in the Confirmation Retreat from March 15-17. I also give permission for my child to ride in Pastor Day's automobile or another member's car for transportation to Camp Caroline Furnace.

While on the retreat, the class will do a number of different things such as building a fire and hiking. Are there any health issues that might prevent your child from participating in these events?

Yes

No

My Child is taking the following medication:

My child is allergic to the following:

Emergency Contact Information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

Signed: \_\_\_\_\_

Please print your name: \_\_\_\_\_