

Our Savior's Lutheran Church (OSLC) Youth Group
505 S. Wind St. Flandreau, SD 57028
Summer Camp Consent Form

I, _____, (Parent/Guardian) give my child, _____, permission to attend OSLC YG day camp at, 46066 238th St Madison, SD on Thursday July 7, 2022. My Child has permission to be transported by the church van, or private car to get to camp.

I, _____, (parent/guardian) voluntarily agree that OSLC, Youth group supervisors, volunteers, and place of camp location, (46066 238th St. Madison, SD 57075) is not responsible for any Accidents, personal injury, disability, illness of any kind, that my child may experience or incur in connection of my child's attendance at the OSLC Day Camp program. I hereby release, covenant not to sue, discharge, and hold harmless the OSLC, youth group supervisors, volunteers, and camp location. 46066 238th St. Madison, SD

I, _____, (parent/guardian) release permission for my child , _____, to participate in activities of OSLC Day camp, such as boating, tubing, kayaking, and biking.

Medical Care Permit

I hereby authorize medical care or first aid treatment needed for _____ (Child's name) due to an illness or injury during OSLC day camp.

Photo Release Agreement

_____ I authorize OSLC to post pictures of my minor on the church website.

_____ I DO NOT authorize to post pictures of my minor on the church website.

OSLC Day Camp Rules

* I understand I will arrive at the church parking lot on time to leave for OSLC Day camp and will be riding as a group. You will not be allowed to take your own personal vehicle that day or leave camp early.

* I understand that I will not only be representing myself but, representing OSLC. So I will be on my best behavior to all that are attending camp, YG Leaders, volunteers, and use of camp site along with all activity equipment.

***I understand that if I am disrespectful or using activity equipment improperly a call will be made to parent or guardian to come get you.**

Food & Medication Allergies

Please list any food or medication allergies:

IS THERE ANY INFORMATION WE SHOULD HAVE REGARDING THIS CHILD such as: handicaps, restrictions, diets, etc.? _____

LIST ANYTHING YOUR CHILD IS ALLERGIC TO OR ANY OTHER MEDICAL CONDITION THAT SHOULD BE BROUGHT TO OUR ATTENTION: _____

LIST INFORMATION CONCERNING MEDICATIONS TO BE GIVEN OR MONITORED WHILE AWAY FROM HOME:

LIST ANY ACTIVITIES YOU DO NOT WANT YOUR CHILD TO PARTICIPATE IN OR RESTRICTIONS WHEN PARTICIPATING: _____

Parent/Guardian Name: (please print) _____

Signature: _____ **Date:** _____

Child Attending: (please print) _____

Signature: _____ **Date:** _____

Parent/Guardian Phone Number _____

Emergency Name & Phone Number _____