

Killarney Lutheran Camp  
1200 Chisholm Rd  
Onsted, MI 49265

PARENTAL CONSENT FORM

I hereby give permission for my child, or ward;

\_\_\_\_\_ (Child's Full Name) \_\_\_\_\_ (Age) \_\_\_\_\_ (Date of birth)

to attend Killarney Lutheran Summer Camp at 1200 Chisholm Rd in Onsted MI

from \_\_\_\_\_ until \_\_\_\_\_  
(Month, date, year) (Month, date, year)

In granting this permission, I assume full responsibility for any damages to person(s) or property by my child or ward.

I further agree that in the event of behavior which would warrant dismissal of my child or ward from camp, I will arrange to have my child or ward picked up or assume responsibility for any expenses incurred in returning my child or ward to me.

I further give permission for any emergency medical care and surgical treatment if there is insufficient time to contact me. I also consent to routine , non-surgical medical care.

(If this consent form is signed by one of two parents or guardians, it is with the authority of the other. )

\_\_\_\_\_ (Signature of Parent or Guardian) \_\_\_\_\_ (Date)

\_\_\_\_\_ (Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State)

\_\_\_\_\_ (Home telephone Number) \_\_\_\_\_ (Other Telephone Number)