

Tuscarora Inn & Conference Center, Mount Bethel, PA.

PARENTAL CONSENT FORM:
PERMISSION SLIP/TRANSPORTATION
AUTHORIZATION

The undersigned _____
(parent name),

referred to as the parent and lawful guardian of

(child name).

Parent acknowledges that _____ (child name) is authorized to be transported on Sunday, August 27th to the Tuscarora Inn & Conference Center, Mount Bethel, PA. And returned to ALA, on Wednesday, August 30th. Parent further authorizes the above named child to engage in all activities incident thereto. Parent further acknowledges that students will participate in a three night stay at the Tuscarora Inn & Conference Center, Mount Bethel, PA.

Parent will provide child with costs of stay and food as outlined.

Parent understands that child will be assigned a chaperone who will be responsible for child during course of the trip.

Parent hereby agrees and authorizes the rendering of such emergency medical care as could be undertaken by the parent.

Parent agrees that participant's personal cell phones will be turned in upon arrival at the retreat center, and will be surrendered to participants for use only during free time hours of 3-5pm.

Signed this _____ day of _____, 20____.

Parent Signature: _____

Parent Contact Number: _____