

Grace Lutheran Church
7th Grade Confirmation Kick-Off Retreat 2018



RETREAT

- WHO:** All 7th grade Grace Lutheran Confirmation students.
We will be taking the group.
- WHAT:** Confirmation Kick-Off Retreat for incoming 7th graders. Enjoy camp time, challenge course, the great outdoors. This retreat helps our 7th graders get to know one another and for the Pastor to get to know our youth better. This retreat is with other area churches involved in our “Campfirmation” program. The kids who gather for this retreat will see one another again after their 8th grade year during Campfirmation.
- WHEN:** **Friday, September 21 through Saturday September 22, 2018.**
Meet at church at 4:50 pm on Friday. Return to church around 3:45 pm Saturday. **No evening meal will be served on Friday. Please pack a bag dinner and a drink for the car ride.**
- WHERE:** Dickson Valley Camp & Retreat Center, 8250 Finnie Road, Newark, IL, 60541
Their website is “dicksonvalley.com.” We will be sleeping in their retreat house.
In case of an emergency, contact Pastor Matthew’s cell at 609-240-2225.
- COST:** \$75 per person (includes Breakfast and Lunch on Saturday)
Please make checks payable to “Grace Lutheran Church” “7th Grade Retreat” on Memo Line
(Scholarships are available if needed. See Pastor Matthew.)

ITEMS TO BRING:

Sleeping bag
Pillow
Towel/Soap/Deodorant/Toiletries
Flashlight
Clothing suitable for Outdoor Activities

Tennis Shoes Are Required
Extra Socks (in case they get wet)
Don’t forget any needed medication
****DO NOT BRING CELL PHONES!****

The deadline for **Fees, Emergency Medical Release/Permission Form, and copy of insurance card** is **Tuesday, September 4th**.

Please submit all items to the church office by mail or hand deliver. If you have questions, please call the church office at 847-367-7050 or email Pastor Matthew at: laubenstein@gmail.com



Grace Lutheran Church

501 Valley Park Dr, Libertyville, IL 60048
Phone: 847-367-7050 Email: gracelibertyville@gmail.com

Emergency Medical Release and Permission Form

Child's Full Name _____ Date of Birth _____

Address _____ City _____ St _____ Zip _____

Parent/Guardian Name _____

Cell Phone _____ Email _____

Parent/Guardian Name _____

Cell Phone _____ Email _____

Emergency Contact (other than parent)

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Will your child be bringing any medication to Retreat? _____ YES _____ NO

If YES, please identify: _____
(Medication Name) _____ Dosage/Frequency)

Does your child have any known allergies? _____ YES _____ NO

If YES, please identify _____

Is the student's physical activity limited in any way for health reasons? _____ YES _____ NO

If YES, please explain and identify what type of activities _____

Doctor's Name _____ Office Phone _____

May your child have Ibuprofen (Advil)? _____ YES _____ NO

May your child have Acetaminophen (Tylenol)? _____ YES _____ NO

Date of Last Tetanus Shot _____

(Please provide a front and back copy of your medical insurance card)

I hereby give permission to the staff of Grace Lutheran Church to obtain and authorize emergency medical procedures for my child as needed. I further authorize any hospital or medical doctor to treat my child. Every effort will be made to notify the child's parent/guardian as soon as possible.

Parent/Guardian Signature _____ Date _____