

8th Grade Retreat Information

8th Grade Retreat: Friday, December 4 – Sunday, December 6

Plan to meet in the Hope parking lot at 5:45 pm, load up the buses and leave for Riverside Bible Camp in Story City. *Please eat dinner before arriving.* We'll return to the Hope parking lot around 12:30 pm Sunday, December 6.

Packing List:

Please bring the following: clothing, toiletries, Bible, pen, journal, towel, comfy shoes, sleeping bag/sheets, pillow, jacket, flashlight and a refillable water bottle.

Please do NOT bring: cell phone, ipods, mp3 players, anything valuable or snacks

Please fill out the form below and return to Paige Henderson, Student Ministry Admin. If your child will be bringing medication, please send it in its original bottle and give it to the designated person on the day of departure when you arrive at Hope.

Riverside Health History and Information

Name: _____

1. Medication and Treatments: List all current and ongoing treatments and medications, including dosage: _____

2. Allergies, Food, Drugs, Hay fever: YES or NO (circle) If yes, please explain: _____

Physicians Name: _____

Insurance Co.: _____

Insurance Co. Address: _____

Policy #: _____ Phone #: _____

To the best of my knowledge all registration and health information for the person described herein is correct. I authorize the medical personnel or staff selected by the camp director to secure any medical or emergency treatment deemed necessary for the person named above. The camper's parent/guardian is the primary carrier of accident/health insurance. I give my permission for this youth to participate in the Retreat and agree to provide Hope Staff in advance with information concerning any physical or dietary restrictions and/or limitations. I understand that my child may be photographed/videotaped by Hope Staff for possible use on student ministry materials.

Parent/Guardian Signature: _____ **Date:** _____

Medication Release - Important Information Needed

PLEASE bring your medications in original containers. PLEASE fill out this form for each medication.

Child's Name: _____ Home Phone: _____

Name of Medication: _____ Name of Medication: _____

Amount: _____ Amount: _____

Time: _____ Time: _____

Number of Days: _____ Number of Days: _____

or
Number of Doses: _____ Number of Doses: _____

Purpose of Medication: _____ Purpose of Medication: _____