

7th and 8th Grade Retreat Information

7th Grade Retreat: Saturday, October 6th, we'll meet in the Hope parking lot at 6:30 am, load up the buses and leave for Riverside Bible Camp in Story City. We'll return to the Hope parking lot at 12:30 pm Sunday October 7th.

8th Grade Retreat: Friday, April 11th, we'll meet in the Hope parking lot at 5:45 pm, load up the buses and leave for Riverside Bible Camp in Story City at 6:00 pm. Please eat dinner before arriving. We'll return to the Hope parking lot at 12:30 pm Sunday April 13th.

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

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

Please fill out the form below and mail it in with your PowerLife registration form. If your child will be bringing medication, please send it in its original bottle and give to the designated person on the Friday of the retreat 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

or

Number of Doses: _____

Number of Doses: _____

Purpose of Medication: _____

Purpose of Medication: _____