

**WAY STUDENT MINISTRIES
PARENT/GUARDIAN PERMISSION/MEDICAL RELEASE FORM**

Event: 8th Grade Faith & Culture Retreat
Place: Camp Huston, Gold Bar, WA.
Date(s): Friday, March 18 - Sunday, March 20, 2016

I, _____, am the parent or legal guardian of
[name of parent or guardian]

_____, and I am informed of the activities that WAY Student Ministries will be involving my child in for the above stated dates/times.

IN THE EVENT OF A MEDICAL EMERGENCY, I hereby give my permission for the above named child to have x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon advice of or to be rendered by physician and surgeon licensed under Medical Practice Act for my child. I agree to pay all charges for needed medical, dental or hospital care or treatment.

Any special physical limitations? _____

Please list all prescription and over the counter meds the student is taking: _____

Please attach copy of insurance card!

Signature of parent or guardian	Date
Home Phone	Work Phone
Family Physician	Physician's Phone Number
Health Insurance	Group Number

**THIS PORTION MUST BE SIGNED BY PARENT/GUARDIAN AND RETURNED TO EVENT LEADER
WITH COPY OF INSURANCE CARD**

.....TEAR HERE.....

EVENT: Faith & Culture Retreat	GROUP: 8 th Grade Students
WHERE: Camp Huston, WA	WHEN: March 18 - 20, 2016
DEPARTURE PLACE: Trinity-Lynnwood	TIME: 6:00 pm DATE: 3/18
RETURN PLACE: Trinity-Lynnwood	TIME: 1:30 pm DATE: 3/20
COST: \$90	EXTRA \$ NEEDED: \$10 for return lunch
EVENT LEADER(S): David Greenlee & Houston McMahan	
EMERGENCY CONTACT PHONE: David's cellphone 425-218-0897	
WHAT TO BRING: Sleeping bag, Pillow, Towels, Bible, Clothes, Rain jacket, Toiletries, Extra lunch \$10 for Sunday	