

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

Event: **WINTER RETREAT**
Place: **Camp Casey, Whidbey Island**
Date(s): **January 25 - 27, 2019**

T-shirt [included in the price]
 Hoodie Sweatshirt [\$20.00 extra]
Please circle the size

Sizes: Youth-L Adult: S M L XL XXL

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

_____ [student name], 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 needs, food allergies or limitation? _____

List any medication, prescription or over the counter student is on? _____

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

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

EVENT: Winter Retreat
WHERE: Camp Casey, Whidbey Island
DEPARTURE PLACE: Trinity Lynnwood
RETURN PLACE: Trinity Lynnwood
COST: \$128
EVENT LEADER(S): David Greenlee
EMERGENCY CONTACT PHONE: David's cell 425-218-0897

GROUP: High School Students
WHEN: January 25-27, 2018
TIME: 6 PM DATE: Jan. 25
TIME: 1:00 PM DATE: Jan. 27
EXTRA \$ NEEDED: Lunch on the ferry home \$10
PHONE: 425-218-0897

WHAT TO BRING: Sleeping Bag, Bible, Pillow, warm clothes, towels, snack to share, personal toiletries.