

Chrysalis Fall Retreat 2018

REGISTRATION & PERMISSION FORM

Parent/Guardian Permission /Medical Release:

I/We give permission for _____ (Grade/Yr _____) to attend this event. In the case of illness or injury during the event, including transportation, I give my permission for those in charge to administer first aid. I also consent to any medical treatment and care, and the administration of any prescription drugs or medicine to my child upon the advice and under the supervision of duly licensed medical personnel.

Signature of parent/guardian: _____ Date: _____

Contact Information

Phone Numbers where you can be reached during the weekend:

Day _____ Evening: _____
Cell: _____ Cell: _____

EMERGENCY CONTACT if you can not be reached: _____
Relationship to child: _____ Phone: _____

Medical Information (Provide information if changed from LOGOS Medical Form)

Name of Insurance Policy Holder: _____
Name and Phone Number of Insurance Carrier: _____
Insurance ID# _____ Insurance Group # _____
Date of last tetanus: _____
Please describe and allergies and/or medicines used by your youth:

Transportation Permission and Information

_____ initial here **to permit your youth to be transported by mature leaders and parents who have been cleared by SCPC Safeguarding Our Church Policies.**

Please **indicate if you can drive** (with number of seats for youth):

Friday night Departure: _____ on Sunday morning Return: _____

Indicate if your child will have a unique arrival or departure (with date/time):

_ Arrival: _____
_ Departure: _____

Please return form by **Tuesday, October 16th , 2018**