



2018 Winter Retreat Registration Form

FOR OFFICE USE: ENTERED INTO CCB RECEIVED FEE

NAME: _____

MEDICINES THAT MAY BE GIVEN AT LEADER'S DISCRETION:

**THESE ARE ALL MEDICINES THAT THE LEADERS WILL BE BRINGING TO THE RETREAT. ALL MEDICINE THAT YOU MIGHT SEND WITH YOUR TEEN SHOULD BE LISTED IN THE TABLE BELOW.*

- TYLONEL
 MIDOL
 TUMS
 IBUPROFEN
 PEPTO BISMOL

PLEASE LIST ANY ALLERGIES AND EXPLAIN BELOW:

- FOOD
 INSECT
 PLANT
 MEDICATION

PLEASE LIST ALL MEDICINES CURRENTLY USING OR WILL BE BRINGING ON THE TRIP:

MEDICATION	DOSE	FREQUENCY	REASON

ADMINISTRATION OF THE CHECKED & LISTED MEDICATIONS ARE APPROVED FOR THIS TEEN BY:

GUARDIAN'S NAME (ABOVE)

SIGNATURE (ABOVE)

DATE: _____



MEDICAL INFORMATION/BLANKET ACTIVITY PERMIT

This is a blanket permit and will cover any and all activities attended within the program of SSSM. It will be good for one full year, beginning Oct. 1, 2017 and ending Sept. 31, 2018. This permit will be on file for all activities. No one will be allowed to attend a sponsored activity if we do not have this form on file that them. Please complete, date, and return this form. Thank you.

Student's Name: _____ DOB: ___/___/___ Age: ___ Grade: ___ Gender: ___

Address: _____ City: _____ State: _____ ZIP: _____

Parent's Name(s): _____ E-mail: _____

Home Phone: _____ Dad's Cell: _____ Mom's Cell: _____

Specific medical/food allergies, chronic illnesses, or other conditions: _____

In case parent or guardian cannot be reached in an emergency, contact:

Name: _____ Home Phone: _____ Cell: _____

Physician: _____ Physician Phone: _____

Insurance Co: _____ Policy Number: _____

As the parent and/or guardian of the above named person, I do herewith authorize the treatment by a qualified and licensed medical doctor of the same in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. I do here release South Side Baptist Church and all members of SSBC from any and all liability including but not limited to physical, mental, and emotional distress. This release is completed and signed of my own free will for the sole purpose of authorizing medical treatment under emergency.

I give SSSM and SSBC permission to use my student's picture in SSSM promotional material that will be featured online or outside of the church walls.

Signature of parent(s) or legal guardian: _____ Date: _____