

Schedule





PERMISSION SLIP

_____ (event)
_____ 2019 (event date)

As a parent/legal guardian of _____, I have reviewed the information about the _____ event, and give permission for the subject of this release to be involved in the overall activities.

I/We have reviewed the rules of the activities and agree that the subject of this release will abide them. I/We also acknowledge that if the subject of the release has to return home early for discipline violations, it will be at my/our expense.

I/We understand all reasonable safety precautions will be taken at all times by McCORD RD. CHRISTIAN CHURCH and its agents during the events and activities. I/We authorize any treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold McCORD RD. CHRISTIAN CHURCH, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Name (Please Print)

Student Name

Parent /Guardian Signature

Date

Address/City/Zip

(W) Phone #

(H) Phone #

Parent email:

Please also fill out emergency medical form (on reverse side) or make certain your child's medical form on file is current (2018 Calendar Year).



MIRCC

EMERGENCY MEDICAL AUTHORIZATION
McCord Road Christian Church-StreetLights Student Ministries

2019

Youth's Name _____ Phone Number _____
Address _____
Birthdate _____ Year _____ SSN: _____
School _____ Date: _____ / _____ /2018
Youth's E-mail Address: _____

Purpose – To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under church youth group authority, when parents or guardians cannot be reached.

Residential Parent/Guardian:

Mother's Name _____ Daytime Phone _____

Father's Name _____ Daytime Phone _____

Name of Emergency Contact: _____ Relationship _____
Address: _____ Phone _____

GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____ Phone _____

Dentist _____ Phone _____

Medical Specialist _____ Phone _____

Local Hospital _____ Emergency Rm. Phone _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical options of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: _____

Insurance Company or Group: _____

Policy Number: _____

Date: _____ Signature of Parent/Guardian _____



: The Student Ministry of McCord Road Church

December 2018

Dear Parent and Kalahari Participant:

We are so excited about our upcoming retreat. Here's some information that you need to know:

Here's a suggested packing list and what to leave home:

Sack dinner-Please pack a sack dinner for Friday! We are busy from the moment we get there, so we must eat on the bus!

Bible

Swim suit – modest swim suits

Comfortable clothing

Shoes to wear to the water park (You must wear shoes everywhere in the facility, including from house to water park)

We will be walking outside to and from the houses. Please pack warm clothing and shoes as well for this weather!!!!

Tennis shoes or comfortable walking shoes (We walk a lot!)

Towel, if you wish (but be responsible for it!)

Toiletries

Snacks for room, no popcorn please!

We will provide some water bottles for the rooms. You may bring drinks, but nothing carbonated (due to bus ride) and no energy drinks allowed!

Medication clearly marked

If you wish, you may bring a small amount of money for the gift shop and arcade.

Do not bring:

Anything valuable

Electronics, **cell phones will be locked up in room for the weekend**

Anything for the purpose of a joke or prank

If you have any questions, please contact: Chris Folck (419-265-3373) or Christa Gomez (419-913-8802) these cell phone numbers can be used for the emergency contact throughout the weekend. **Kalahari's number is 419-433-7200.**

KALAHARI RETREAT

Friday, January 4th- Please meet at MRCC at 4:45 pm. Bus will leave for Kalahari between 5:15 pm and 5:30 pm

Sunday, January 6th- Students will be returning to MRCC at approximately 2:30 pm. (If we happen to be a bit earlier or later, students will call home to let you know)