

**FIRST BAPTIST SENIOR HIGH FELLOWSHIP**  
**Fall Retreat to Camp Sentinel in Center Tuftonboro, NH**  
**Friday, October 11 – Monday, October 14, 2019**

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Phone #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy #/Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_

Are there any physical limitations of which we should be aware?

Is your child currently taking any medications? (Please list them, if so.)

Please note anything else (medical issues, physical limitations, allergies, dietary restrictions, etc.) we should know about your child on the reverse side.

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I hereby give my permission for my child \_\_\_\_\_ to participate in the First Baptist Church's Senior High Fellowship Fall Retreat to Camp Sentinel, Oct. 11 – Oct. 14, 2019.

In the event of accident or illness, I understand that every attempt will be made to reach me or another designated person through the numbers listed above. Should I not be available, I give my permission for the leaders of the group to authorize any necessary treatment for my child, including anesthesia and/or surgery. I will not hold First Baptist Church in Beverly or its appointed leaders responsible for any injury incurred by my child. I also understand that there are certain guidelines of conduct for this trip that will be explained to my child. Should he or she fail to keep such guidelines, I understand that my child may be sent home or that I may be asked to come and pick him or her up.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact #: \_\_\_\_\_