

High School Summer Camp

FRIDAY, JULY 21st thru SUNDAY, JULY 23rd

@ Thompson Lake Christian Retreat

EASTHAVEN BAPTIST CHURCH

PERMISSION SLIP

I, _____, the parent/guardian of _____ age _____ give my permission for my son/daughter to attend High School Camp @ Thompson Lakes Christian Retreat between FRIDAY, JULY 21st and SUNDAY, JULY 23rd

Fusion Leaders will be leading the group which will meet @ EBC – Please feed your student lunch before bringing them to EBC on Friday. The cost is \$75.

If you have questions or concerns please contact Associate Mitch Block(406) 471-0212

I understand that there are potential risks in this event and do not hold Easthaven Baptist Church or Thompson Lakes Christian Retreat and its leaders responsible for any potential harm due to the nature of this event. I give my permission to Easthaven Baptist Church and its leaders to authorize any necessary medical procedures for my child, which may be required in an emergency situation.

Parents Name: _____ Signature: _____

Phone number where you can be reached: _____

If you can't be reached, we should call: _____ at (____) _____

Youth's name: _____

Medical insurance carrier: _____

Insurance number: _____

Preferred physician: _____

Medication(s) being taken: _____

***If child needs EpiPen, please have him/her bring this to camp and they will need to know how to administer it to themselves.**

Allergies: _____

Pictures taken of your son/daughter during this event, may be used for promotion on EBC social media sites, ie: (Facebook, Instagram, etc.) **Yes, I Grant Permission** _____ **No, I Do Not Grant Permission** _____