



## Medical Information and Parental Permission for Treatment Form

Church Name: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Birth Sex: ☐ Male ☐ Female \_\_\_\_\_

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

City & State \_\_\_\_\_

Father's Name \_\_\_\_\_ ☐ Address Same as Participants (if different please indicate below)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Mother's Name \_\_\_\_\_ ☐ Address Same as Participants (if different please indicate below)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

### Emergency Contact (Relative, Neighbor, Friend) in case parents cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

**Allergies or Medical Conditions:** (Please note: JOURNEY staff is not responsible for dispensing medicine to any student. That responsibility rests solely with the leaders of the participating church.)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> asthma  | <input type="checkbox"/> allergies (describe below) | <input type="checkbox"/> current medications (reason, name, dosage - describe details below) |
| <input type="checkbox"/> convulsions <input type="checkbox"/> diabetes | <input type="checkbox"/> reaction to                |  |
| <input type="checkbox"/> fainting spells                               | medications (describe below)                        |  |
| <input type="checkbox"/> insect stings                                 | <input type="checkbox"/> other (describe below)     |  |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child \_\_\_\_\_, has my permission to attend JOURNEY middle school weekend (a ministry of the Jeremiah Project). In the case of a medical emergency, I understand that every effort will be made to contact the parent(s) or guardian(s) of the participant. In the event that neither I, nor the emergency contact person listed above, can be located, I hereby give permission for the JOURNEY Event Director, or my church group leader to select a physician, to hospitalize, and to secure proper treatment for my child listed above. This information will be required in the event that the participant listed above is taken for medical treatment. Jeremiah Project insurance serves as a secondary coverage. I release the following from any liability in the event of an accident or injury en route to, during and/or returning from JOURNEY middle school weekend, The Jeremiah Project, Inc. and all staff persons connected within, all adult leaders, chaperones, churches. **Housing Accommodations:** Students will be housed in cabins of their birth sex, and likewise will be required to participate in gender-specific camp activities and use restroom facilities throughout the camp in accordance with their birth sex. The camp does not have gender-neutral cabins or restroom facilities.

### FAMILY INSURANCE INFORMATION

Company Name \_\_\_\_\_ Policy Number \_\_\_\_\_ Policy

Holder \_\_\_\_\_ Other

insurance information \_\_\_\_\_

Parent(s)/Guardian(s) signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent(s)/Guardian(s) signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



## What-To-Take List

### What-to-take

Each participant will need to bring the following:

- Bible
- Sleeping bag/pillow or sheets (twin bed & Rockbridge blanket provided)
- Warm jacket and/or rain coat
- Toiletries (towel, soap, toothbrush, etc)
- Gloves & Warm hat (come prepared!)
- Flashlight
- Comfortable "play" clothes for indoor/outdoor activities
- Bathing Suit (50 person hot tub will be open!)
- Closed-toe shoes (required for ropes course)
- Cash for the soda machines, snack bar, ping-pong balls etc.
- Pen or Pencil
- Water bottle

### Arrival/Check-In/Departure

Please arrive between 6:30 – 9:00 PM on Friday. Remember that dinner will NOT be provided Friday. Please eat before arriving! JOURNEY ends at 11:00 AM on Sunday. The last provided meal is a 9 AM breakfast on Sunday.

### Lodging

Youth and adults will be housed in heated lodges with shower facilities. You may be sharing rooms with another church.

### Emergency Phone Number

At Rockbridge, the number is 540-997-9276. For more information on Rockbridge, visit their website at: [www.rockbridge.younglife.org](http://www.rockbridge.younglife.org)

## Important:

In the event of a late arrival, please call 1(757) 342-5757 to inform a JOURNEY staff member of your estimated arrival time.