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.)*

❑ asthma
❑ convulsions ❑ diabetes
❑ fainting spells
❑ insect stings

❑ allergies *(describe below)*
❑ reaction to medications *(describe below)*
❑ other (describe below)

❑ current medications *(reason, name, dosage - describe details below)*

_____
_____
_____

My child_____, has my permission to attend JOURNEY 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/Card for the soda machines, snack bar, coffee shop, 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

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.