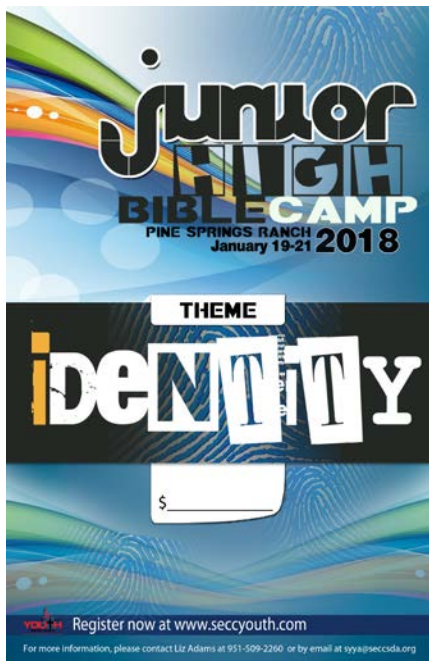


# Jr. High Bible Camp

January 19-21, 2018  
Ask group leader for fee amount

## [PARENT INFO SHEET]

This weekend's spiritual retreat is especially designed for the unique life stage of Junior High! During this time of significant transition from childhood into adulthood we believe that God is a junior higher's best Guide! Our theme this year is "**Identity**". The goals are simple. We know that during the tween age, we can easily get sucked into a "me-driven" world, it is important for them to know that God has called us to help others along this walk. We want our kids to know that Jesus was sent to serve and that we must emulate the life of Christ and serve Him through serving others. This requires learning how to follow Jesus and showing His love to those that we come across in life. This event will focus on giving them the necessary tools to begin this relationship and to carry it on throughout their lives.



**Student must register with  
their School or Church leader**

Sponsored by  
**SECC Youth Ministries**  
Pastor Eric Penick, Assoc Youth Dir  
Pastor Manuel Vitug, Assoc Youth Dir

Phone: 951-509-2260  
Fax: 951-509-2399  
Email: [youthevents@seccsda.org](mailto:youthevents@seccsda.org)

Mail: 11330 Pierce Street  
Riverside, CA 92505

This event is open to 7<sup>th</sup> & 8<sup>th</sup> graders **only**. It is open to students in the **academy, public school, or home school**.

**Bible  
Toiletries  
Flashlight  
Jacket  
Warm (Camping) Clothing  
Tennis Shoes (lots of  
walking)  
And of course...A great  
attitude!**

**What to bring**

## Welcome to Jr. High Bible Camp!

Minor's Name: \_\_\_\_\_

Trip to: \_\_\_\_\_

Trip date: \_\_\_\_\_

Departure Time: \_\_\_\_\_ am/pm Return Time: \_\_\_\_\_ am/pm

Transportation: \_\_\_\_\_

School/Church: \_\_\_\_\_

Cost: \_\_\_\_\_

I understand that the aforementioned trip will include participation in the following activities: \_\_\_\_\_.

While every reasonable step will be taken to ensure these activities are as safe as possible, I understand that there are inherent risks associated with these activities which may result in serious injury or death. I consent for my child to participate in these activities and assume full responsibility for the inherent risks which exist.

I also agree to indemnify and hold harmless the sponsoring institute, Southeastern California Conference of Seventh-day Adventists and sponsors from liability arising from accident or injury occurring during this trip. This specifically includes injury arising from negligence on the part of those mentioned above. This recognizes a shared responsibility among church, student and home. This does not include gross negligence on the part of those mentioned above. This does not waive coverage within the policy limits of church accident insurance, which covers church sponsored activities.

I further understand that it is not mandatory for my child to participate in all of the activities planned for this trip provided I specify below what restrictions if any I request be placed on my child for purposes of participation in this trips activities.

**MEDICAL RESTRICTION & ALLOWANCES**

Child's Birthdate: \_\_\_\_\_ Date of last physical exam: \_\_\_\_\_ Date of last Tetanus Toxoid Booster \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy and/or Group #: \_\_\_\_\_

Does your child have any of the following conditions? (Please circle Yes or No)

Asthma Yes No If yes, explain how to treat: \_\_\_\_\_

Heart Problems Yes No If yes, explain how to treat: \_\_\_\_\_

Allergies Yes No If yes, explain how to treat: \_\_\_\_\_

Respiratory Problems Yes No If yes, explain how to treat: \_\_\_\_\_

Other: \_\_\_\_\_ Yes No If yes, explain how to treat: \_\_\_\_\_

**Note: Students needing prescription medications must have a doctor's note for them and must be turned in before departure.**

**Note: Student should have an extra inhaler if traveling to high altitude. They sometimes lose the first one.**

Check non-prescription medications we have permission to give your child for the purpose of this trip. Check signifies approval.

- Neosporin --Anti-biotic ointment (For preventing infection of cuts)
- Tylenol or other generic for Acetaminophen (For headaches or temperatures)
- Dramamine (motion sickness)
- Ibuprofen--Advil/Motrin- (For relief of aches/pain from cramps and muscular aches)
- Sudafed --antihistamine- (For congestion, nasal, or chest)
- Benadryl Lotion (For skin rash, insect bites)
- Benadryl Tabs (Allergic reactions)
- Robitussin or other cough syrup
- Hall's Throat Lozenges (For sore throat or coughs)
- Imodium or other (For diarrhea)
- Tums/ Rolaids (For indigestion)
- Chloraseptic Spray (For sore throat)
- Milk of Magnesia (For constipation)
- Other \_\_\_\_\_

List any medical restrictions not listed above: \_\_\_\_\_

Allergies to drugs or foods: \_\_\_\_\_

Please describe any prescription medication(s) your child is currently taking: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Telephone numbers where parent(s)/guardians may be reached:

Mother's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Alternate Emergency Contact (in the event parent/guardian cannot be reached):

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

I, the undersigned parent/legal guardian, having legal custody of the above named minor, do hereby authorize and consent to any X-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which is the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of section 25.8 of the Civic Code of California.

Parent Signature

Date