

**2024 HIGH SCHOOL STUDENT BIBLE RETREAT
PERMISSION SLIP & MEDICAL CONSENT FORM
(Photocopy as many as you need)**



**THIS FORM IS TO BE COMPLETELY FILLED OUT AND SIGNED BY PARENT OR
LEGAL GUARDIAN FOR EACH STUDENT**

PLEASE PRINT:

Student's Name _____ Age _____

Date of Birth: _____

This Individual is my: Son Daughter Other: _____
(Please Specify)

Parent or Legal Guardian Name _____

Address _____ Apt. No. _____

City _____ Zip _____

Home/Cell Phone _____ Emergency Phone _____

Does this Student have any allergic reactions to any food medications? Yes No

If so, please list the food and name(s) of the medication(s) to which they are allergic:

I hereby grant the student listed above permission to attend the 2024 High School Student Bible Retreat in Camp Kulaqua (High Springs, FL). I understand that in signing this permission slip, I fully and completely release and hold harmless the Florida Conference of Seventh-day Adventists, Camp Kulaqua, Southern Union, and its officers, employees, and any volunteers from any liability, past or future. If I cannot be reached, I authorize the executive staff or designated medical professionals to administer emergency medical assistance.

Parent/Legal Guardian _____ Date: _____
(Please Sign)

Chaperones: A copy of this form must be sent to the Florida Conference Youth Ministries Department, and the original must be kept with you during travel to/from Camp Kulaqua. Online option: floridayouth.com

Attn. Aisha Best – High School Retreat
Florida Conference Youth Ministries
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Altamonte Springs, FL 32714

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Phone: (407) 644-5000 ext. 2425