



**2025 HIGH SCHOOL STUDENT BIBLE RETREAT
PERMISSION SLIP & MEDICAL CONSENT FORM
(Duplicate as many as you need)**

**THIS FORM IS TO BE COMPLETELY FILLED OUT AND SIGNED BY A 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 or 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 2025 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. Hannah Cameron – High School Retreat

Florida Conference Youth Ministries

Email: hannah.cameron@floridaconference.com

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