



2026 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 food or medication allergies?    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 2026 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](http://floridayouth.com)**

Attn. Alison Corriette – High School Retreat  
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