**Permission Slip**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to attend the Creekside Community Church weekend youth retreat. I understand that my child will be staying with their small group in a home of a member of the congregation who is providing sleeping space and food. I give permission for the youth minister, family minister or a volunteer to call medical personnel or take my child to the hospital in case of a medical emergency (with the knowledge that the adult in question will attempt to get in contact with me in case of such an incident). I understand that there is always the opportunity for injury and that includes on this retreat. I will not hold Creekside Community Church, the staff, or volunteers accountable for any injury that may happen.

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Permission**

I agree that phone use will be allowed under the purview of the adults at the retreat. The adults in charge have the permission to disallow phone use in any capacity, except to contact or to be contacted by parents. (If you have any questions on this please ask Jake or Deanna)

The purpose of this is to help our students gain distance from their phones and social media, and to be more present with each other and with God.

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medications**

In this space please list all medications that your student will have with them and when they are supposed to take them

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I give permission for my student to be given over the counter medications

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_