



SOFLO PRE-TEEN RETREAT 2023 PARENTAL CONSENT & RELEASE FORM THIS FORM MUST BE FILLED OUT, NOTARIZED AND ACCOMPANY EACH CHILD TO RETREAT.

CHILD'S NAME: _____(print)

PARENT/LEGAL GUARDIAN NAME: _____(print) Event & Date of Event:

Southern Florida District Church of the Nazarene Children's Camp — January 13-15, 2023 Sponsor of Event: SDMI

of the Southern Florida District Church of the Nazarene Location of Event: Lake Placid Camp & Conference Center,

Lake Placid, FL Activities at Event: Usual Camp Activities including but not limited to swimming, crafts, sports, etc.

This section is to be filled out if someone other than the child's parent/legal guardian is driving them to/from event. I understand that the child and other participants will be traveling in the following motor vehicles:

_____ operated by the following
adult sponsor(s): _____ **at all times**
during the trip.

I, the parent/legal guardian of said child, understand that the child and other participants at this event will be staying in the following housing: dorm-type units at Lake Placid Camp & Conference Center. I understand that the child and other participants have agreed to certain rules governing this event. I understand failure to abide by these rules by the child may result in being sent back home. I agree to be responsible to pick up said child if such a violation occurs. I hereby release the Sponsor of said organization, its staff and the adult sponsors from responsibility and liability for any injury or illness the said child may sustain during the event. In such case that said child is injured during the event and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In such case treatment is called for, which the physician or hospital refuses to administer without my consent, I hereby authorize any adult sponsor, as my agent, to consent to any x-ray examination, medical, dental, or surgical diagnosis, treatment and hospital care advised and supervised by a physician, surgeon, as appropriate, licensed to practice under laws of the state where services are rendered, either in a doctor's office, clinic or in any hospital. In such case that becomes necessary for any adult sponsor to give consent for me, I agree to hold such person harmless of and from any claims, demands or law suits for damages arising from the giving of consent. I expect to be contacted as soon as possible in the event of any emergency. I give permission for the first aid techniques and simple health care to be administered as the need arises. I understand that in the event of any serious injury or illness the camp officials reserve the right to seek professional medical attention including but not limited to consultation with physicians, EMS transportation, and hospital at which time I will be contacted immediately. I give permission for my child to be given over the counter medication (Tylenol, Ibuprofen, antihistamine, etc.) by the camp nurse/ medic or Camp Director. I understand that upon arrival at camp, my child will be required to have a head check for lice and a camp photo to be used in case of emergency. In the best interest of other campers, anyone found with lice will need to be treated before they can stay at camp. I agree to allow my child to be photographed by the District Children's Camp photographer, to be used in the camp slide shows, District website and other social media outlets.

Parent/Guardian Signature Date
Parent/Guardian Name (print) Date
Notary Signature Date

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adult sponsor(s): _____ **at all times**
during the trip.

Notary Seal/Stamp: The foregoing permission/release form was acknowledged before me on this date: _____
by _____ who is personally known to be OR has presented
identification ID Type: _____ Number: _____