

**VACAVILLE CHRISTIAN SCHOOLS  
MIDDLE SCHOOL**

**1117 DAVIS STREET · VACAVILLE, CA 95687 · (707)  
446-1776 PERMISSION FORM**

My son/daughter \_\_\_\_\_ has permission  
(student name)  
to participate in Middle School 6th — 8th Grade Retreat

At Koinonia Conference Grounds, CA from Tues., Sept. 11, 2018 to Fri., Sept. 14,  
2018.

**All students should arrive by 10:15 a.m. on the day of departure.**  
**We will stage from the HS parking lot at 821 Marshall Road.**  
**Bring lunch for the trip up to Koinonia.**

**\* All current information is required. Please fill out  
entirely.**

<b>Medical Insurer:</b>	<b>Parent's Daytime Phone Number:</b>
<b>Insurance Group Number: and/or Insurance I.D. Number:</b>	<b>Any allergies?</b>
<b>Any medical conditions?</b>	<b>Any medications?</b>
<b>Physician Name:</b>	<b>Physician Phone Number:</b>
<b>Dentist Name:</b>	<b>Dentist Phone Number:</b>

**Additional camp forms will also be required as retreat time approaches.**

**In the event of an emergency and I am unavailable, I authorize VCS personnel to make arrangements for my child to receive medical care, including required transportation. I further hold the school harmless for any result of said treatment and bear solely the financial responsibility of such treatment.**

**Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_**



**KOINONIA**  
CONFERENCE GROUNDS

**2018 PERMISSION FORM YOUTH CAMPS**

Campers Name \_\_\_\_\_ Gender: ☐ Male ☐ Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Birth date \_\_\_\_\_ Age at Camp \_\_\_\_\_ School Grade \_\_\_\_\_

E-mail address \_\_\_\_\_ Camp attending \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Information**

Parent or Guardian's Name \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Alternate Emergency Contact \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

**IN CASE OF A MEDICAL EMERGENCY**, I understand that every effort will be made to contact a responsible parent or guardian of the camper. In the event that contact cannot be made, I hereby give permission to a camp director and the physician he may select to secure proper treatment for, to hospitalize, and to order such injections, anesthesia, or operations as may be urgently necessary for this child. In the event of a claim, family insurance, if any, may be partially liable.

Parent's/Guardian's Initials \_\_\_\_\_

**Camper's Health Information**

To the best of my knowledge this child is healthy and fit for an active camp program. ☐ Yes ☐ No

Immunizations: Are they current ☐ Yes ☐ No Date of Last Tetanus shot \_\_\_\_\_

Regular Medication \_\_\_\_\_

Do you have any conditions that would limit your involvement in physical activities? ☐ Yes ☐ No

(If yes, please explain) \_\_\_\_\_

This child is currently experiencing or has recently had problems with:

☐ Asthma ☐ Allergies ☐ Food ☐ Penicillin ☐ Sleep Walking ☐ Bed Wetting ☐ Medicines

☐ Bee Stings ☐ Others: Please Specify \_\_\_\_\_

Do you have problems with you neck, back, arms, ankles of knees or any other part of your body that limit your activities? ☐ Yes ☐ No (Describe symptoms and limitation) \_\_\_\_\_

Parent's / Guardian Initials \_\_\_\_\_

**Consent**

I hereby give permission for the above child to attend camp at Koinonia Conference Grounds and to participate in all activities, including the No Fear Zone's high, and low ropes courses if available and laser tag. I will not hold Koinonia Conference Grounds or it agents liable for injury caused by common accident, illness or the rendering of emergency care. I give permission to Koinonia Conference Grounds to use video or photography of me or my family members for promotional purposes.

Parent's or Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_ Relationship \_\_\_\_\_

*Only a legally responsible parent or guardian may sign this form.*

### Medical Information:

*We will have a Doctor and multiple nurses on site that will provide medical attention to the students as needed.*

- Please send only prescribed medication. Over the counter medications (i.e. Tylenol, Motrin) are not necessary. They will be provided if needed.*

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### *Koinonia Campgrounds*

#### *Medication Check In*

Student's Name \_\_\_\_\_ Cabin # \_\_\_\_\_  
School/Church Name: \_\_\_\_\_

<u>Name of Medicine</u>	<u>As Needed</u>	<u>Taken Daily</u>	<u>Dosage/Time</u>
1)	<input type="checkbox"/>	<input type="checkbox"/>	
2)	<input type="checkbox"/>	<input type="checkbox"/>	
3)	<input type="checkbox"/>	<input type="checkbox"/>	

- < This form needs to be placed in the plastic bag with the medications
- < Place your student's medicine in original prescription bottle or for non-prescriptions, in original labeled box together with this form in a Ziploc bag.
- < The Ziploc plastic bag needs to have the students name and school name. No loose pills will be accepted or given to campers. Thank you.

### **Things to Bring:**

- Sleeping Bag
- Pillow with Pillow case
- Towel
- Jacket or Sweater
- 1 pair of sturdy shoes and 1 pair of comfortable shoes Your Bible
- Flashlight with extra batteries
- Something to write with.
- Follow school dress code
- Night clothes (Pajama bottoms and other night clothing may not be worn outside of the cabins.)
- Modest swim suit for water activities (one piece or tankini only—very modest)
- Toiletry items: toothpaste, toothbrush, soap, shampoo, comb or brush, deodorant, etc... and a washcloth.
- Any medicines you require for while you are at retreat. These meds will need to be checked in with Mrs. Stockton prior to departure. The appropriate VCS medication forms (to include dosage, types of meds, time meds are needed, and signed permission from your parent to administer meds) will need to be included with the meds in a Ziploc bag with your name on it.

### **Camp Rules**

- Follow all instructions of VCS staff, Camp staff, counselors, bus drivers, and the doctor/nurse.
- Follow all school rules while at retreat.
- Come immediately when you hear the Camp Bell ring! Never ring the camp bell unless there is a genuine emergency.
- Be where you are supposed to be, on time. Stay on the camp property.
- Attend every meal and every Chapel, on-time.
- Do not go in any other student cabin other than your own.
- No PDA or "walks alone" with members of the opposite gender.
- No pranks or messing with other peoples' things.
- Do everything with an attitude of safety!
- Go and get your meds from the doctor, on time, every time. Don't make her/him have to find you.
- Encourage each other, speaking and acting kindly. Include others.
- Show integrity!
- Observe quiet hours from 11:00 pm - 7:00 am.
- No horsing around or fighting.
- Get help for anyone who needs assistance. Be involved and assist!
- Do not attempt to make contact with or feed wild animals like raccoons.

### **Important:**

- If your son/daughter has any specific dietary requirements that the camp chef would need to be aware of, please email Mr. Renick @ [edward.renick@go-vcs.com](mailto:edward.renick@go-vcs.com) at least one week prior to camp so we can communicate those needs to the camp grounds.
- Please also indicate any special needs on your child's permission form and remind your son/daughter to be sure to speak up if there is any consideration.

### **Things NOT to bring to Retreat:**

- Electronic Games
- iPads
- DVD Players / iPods / MPR players...
- Other Electronic Devices

**Cell Phones:**

- Students can bring them to contact parents while on the bus and to take pictures while at camp.
- The is no cell phone service at Koinonia, there are pay phones available to the students

**Optional Items:**

- Sunscreen (recommended)
- Insect Repellant
- Money for the Ropes Courses (3 courses avail. Ranging in price from \$10—\$15)
- \$ for the camp store and snack bar

**Communication with your camper:**

We encourage you to send a letter to yo0ur child prior to the camp session. This will allow time for the letter to arrive since our retreat is just 4 days long. Please use this address

**Camper name**  
**Koinonia Conference Grounds**  
**VCS Middle School retreat**  
**Sept 11-14, 2018**  
**1605 Eureka Canyon Rd.**  
**Watsonville Ca, 95076**

**For Each Student:**

2017 Permission Form Youth Camps  
VCS Permission Form (next pg.)

**For Each Adult Attending:**

2017 Permission Form Youth Camps  
(Annotate "Adult" on the upper right corner)