

# Atholton Church 2019 Youth Retreat February 15-17

Location: Mt. Aetna Camp  
Departure Date: Friday, Feb. 15  
Departure Time: 3:00 PM  
From: Atholton Church

Return Date: Sunday, Feb. 17  
Return Time: 11:00 p.m.  
To: Atholton Church  
Cost: \$60 per person

**Here's what you need to do to attend:**

1. Sign-up at [www.atholton.org](http://www.atholton.org) by Feb. 4
2. Complete and return the Trip & Medical Consent Form (below) by Feb. 11.
3. Pay weekend fee of \$60 by Feb 11. Make check payable to Atholton SDA Church.
4. Read the weekend information (at [www.atholton.org](http://www.atholton.org)) or postcard. Bring what it says.

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Fill out and return this portion. Keep the top part for your information.

## TRIP & MEDICAL CONSENT FORM

(Youth's full name) \_\_\_\_\_ has permission to attend the February 15-17, 2019, Atholton Youth Retreat at Mt. Aetna Camp. I am aware that if there are any discipline problems I may be required to drive to the camp and take him/her home. This decision will be made at the discretion of the Youth Department leaders.

I authorize an Atholton youth leader to obtain emergency dental or medical care for my child while on the retreat. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent. I understand that every reasonable attempt will be made to contact me in the case of an emergency.

Date: \_\_\_\_\_ Parent/Guardian's SIGNATURE: \_\_\_\_\_

Parent/Guardian's PRINTED NAME: \_\_\_\_\_

Home Address: \_\_\_\_\_

Emergency Contact Phone Numbers: \_\_\_\_\_

### Medical Information

Health Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_

Date of birth \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

Blood Type \_\_\_\_\_ Known Allergies \_\_\_\_\_

Known Medical Conditions \_\_\_\_\_

Currently Prescribed Medications \_\_\_\_\_