

JUNIOR HIGH GEBC PERMISSION SLIP

Junior High Student Name: _____

Parent Cell Phone Number: _____

(to receive information about exact return time on Sunday, February 12)

If you are a visitor, who invited you? _____

I give permission for my student to participate in all activities of the *CROSSROADS* Winter Blast 2012. I agree to hold neither Glen Ellyn Bible Church nor TimberLee Camp and/or any of their paid or volunteer staff members liable for accident or injury incurred during the *CROSSROADS* Winter Blast 2012.

I also give my permission for the paid and/or volunteer staff of Glen Ellyn Bible Church and the selected medical personnel of TimberLee Camp to provide all medical treatment deemed necessary during the *CROSSROADS* Winter Blast 2012. I further agree to assume responsibility for the costs of any and all medical treatment administered.

Further, I grant GEBC permission to use graphics/photos taken at any GEBC Student Ministry activity on a royalty-free bases; to post the image on the GEBC website and any other GEBC publication as deemed necessary for the express purpose of ministry advertisement, ministry edification, information dissemination or general church programming. Specific names will not be identified.

I have paid by check (payable to Glen Ellyn Bible Church).

I have paid online at www.gebible.org.

Parent Signature : _____

Date : _____


Don't forget to sign BOTH sides of this form and
return no later than Sunday, January 8, 2012.

Pay between November 27 & December 31 = COST is \$175

Pay between January 1 & January 8 = COST is \$195



Junior High Ministry
Glen Ellyn Bible Church
501 Hillside Avenue
Glen Ellyn, IL 60137
630.469.2964

Don't forget to complete
the reverse side! 

TimberLee Health & Emergency Contact Form

PARTICIPANT'S PERSONAL INFORMATION

Name _____ Birthdate _____ Sex _____ Age _____
Last First MI

Parent or Guardian (or spouse)

Name _____ Phone _____
Last First MI Area/Number

Second Parent or Guardian Emergency Contact

Name _____ Phone _____
Last First MI Area/Number

Health Insurance Company Name: _____

Health Insurance Policy Number: _____

PARTICIPANT HEALTH HISTORY INFORMATION:

Health History (date diagnosed)			
_____ Frequent Ear Infections	_____ Chicken Pox	_____ Diabetes	_____ Mononucleosis
_____ Bleeding/Clotting Disorder	_____ Measles	_____ Asthma	_____ Meningitis
_____ Frequent Sore Throats/Strep	_____ Mumps	_____ Seizures	_____ Autoimmune Disease
_____ Hand, Foot, Mouth Disease	_____ German Measles	_____ Heart Defect/Disease	_____ Tuberculosis
Allergies (please specify)		Immunizations	
Drug _____		_____ Tetanus (last date)	
Environmental/Food _____		_____ Other, please specify _____	

Chronic or recurring illness or medical condition (not noted above) _____

Any treatment to be continued at camp _____

Any medically prescribed meal plan or dietary restrictions (*please notify camp staff two weeks prior to arrival*) _____

Activities to be discouraged or limited _____

Additional health information _____

Describe any physical condition, medications or allergies that require special consideration _____

Current medications (Send with instructions in original container) _____

Signature of Participant _____ Date _____

Signature of minor Participant's parent/legal guardian _____ Date _____

Don't forget to complete the reverse side!

