

# Senior Retreat to Camp Spofford, NH

## Please Return by Friday, May 14, 2021

Student's Name: \_\_\_\_\_

### Senior Retreat — Camp Spofford, NH

**Date:** Tuesday, June 1 to Friday, June 4, 2021

**Drop Off Time:** 7:30 am Tuesday, June 1 - meet in far parking lot next to vet.

**Pick Up Time:** 5:30 pm Friday, June 4. Parents should be waiting at the High School entrance.

**Food:** Will be provided by Camp Spofford. We will stop halfway going down and coming come at a rest stop. Please send money if your child would like to purchase food at the rest stop.

**Transportation:** Coach Buses

**Payment:** There is no charge for this retreat.

#### PARENTAL CONSENT FORM

I give permission for my child \_\_\_\_\_ to attend the Calvary Christian Academy **Senior Class Retreat** at Camp Spofford Tuesday, June 1, 2021 to Friday, June 4, 2021

I hereby give my permission to have my child taken to a hospital and treated in case of emergency. In consideration of the named student being permitted to participate in the class trip, we hereby release Calvary Christian Academy and its employees and agents from all liability for any harm, injury or death that the student may suffer while on the class trip. We also agree to indemnify and save harmless Calvary Christian Academy and its employees and agents from any and all claims asserted by or on behalf of the named student arising out of participation in the class trip. I give my consent for my son/daughter, a pupil of Calvary Christian Academy, to take part in the class trip. I give permission for my child to receive medical care for any illness/injury. This includes use of over-the-counter medications such as Tylenol, Motrin, Cough/Cold Syrup, etc.

#### ILLNESS PROTOCOL

If your student displays any COVID symptoms or any other form of sickness, you will be contacted immediately to pick up your student. In the meantime, we will assign them to the nurses' office at the camp sight to quarantine them from the rest of the group. If you do not have a provision in place to pick up your student in a moment's notice, please do not plan to send them on the trip.

**Parent Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### MEDICAL RELEASE FORM (Attach a copy of your medical card)

**Student Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Medical Insurance Co.:** \_\_\_\_\_

**Subscriber's Name:** \_\_\_\_\_

**Group or ID#:** \_\_\_\_\_

**Any drug and/or food allergy?** \_\_\_\_\_

#### Parent/Guardian Information

**Parent(s) Name(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Email:** \_\_\_\_\_

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