

Shekinah's Field Trip Permission Form



Hello, families of secondary students!

Our 6th-12th grade students will be going on a fall retreat as a student body, where we will have times of recreation, fellowship, and worship. Seniors will leave in the morning on Tuesday, August 19th, to head to the camp, and grades 6-11 will leave on Wednesday, August 20. Students will return at approximately 3:30 pm on Friday, August 22.

Our faculty and staff, and some parent volunteers, will be chaperoning the group, and the YMCA camp staff will be directing the daily activities. Ricky Smith will be challenging our students from the Bible each day of the retreat, and worship pastor Matt Rickly from Vertical Church in Columbus will be assisting our school worship team in music. We look forward to what God will do among our Shekinah family through this time!

Secondary Spiritual Retreat

Date: August 19-22 (12th Grade), August 20 – 22 (6th – 11th Grades)

Cost: Money for snacks at camp and 2 meals during travel

Location: YMCA's Camp Crosley 165 EMS T2 Ln, North Webster, IN 46555

Means of Transportation: Buses

Sign this part of the form and return it to the school office

I, _____ am the _____
(Print Parent Name) (Parent/Guardian)

of _____, a student at Shekinah Christian School.
(Print Student Name)

I hereby grant permission for the above-named student to attend Shekinah's Fall Spiritual Retreat at Camp Crosley from August 19-22 (12th Grade), August 20-22 (6th – 11th Grades).

I/we acknowledge that this field trip will involve risks not encountered at school, including risks associated with travel to and from the overnight trip and risks on-site at various locations/facilities. These risks include the risk of death, illness, personal injury, property loss, or other injury sustained during the overnight trip. In consideration for allowing the above-named student to participate in the overnight trip, I/we assume all risks in connection with the overnight trip, including risks connected therewith foreseen or unforeseen. I/we release, waive, discharge, and relinquish any and all judgments, claims, and liability which may arise out of the above-named student's participation on the overnight trip for myself and my child. I/we further agree to indemnify and hold harmless the Shekinah Christian School their agents, employees or assigns for injury, loss or damage, for any reason, including as a result of the negligence, errors, and omissions of third parties (i.e., charter bus owners and drivers, or camp owners or workers), either through their actions or inactions. As a parent, I certify that I have explained the risks and dangers to my child. I fully understand what is involved in the overnight trip, and I understand that I have the opportunity to call Shekinah Christian School teachers or the administrator regarding the field trip.

Name of Student (Printed)

Signature of Student

Date

Name of Parent/Guardian (Printed)

Signature of Parent/Guardian

Date

RECOMMENDED PACKING LIST

Clothing (we recommend the following based on the time of year):

- ☐ Pajamas
- ☐ Two pairs of shoes fit for outdoor use (tennis shoes, boots)
- ☐ Daily change of underwear and socks (extras for cold or mud)
- ☐ Daily change of pants and shirts (extras for cold or mud)
- ☐ Jackets/Raincoat/Poncho

Bedding:

- ☐ Sleeping bag or sheets with blanket
- ☐ Pillow

Toiletries:

- ☐ Toothbrush and toothpaste
- ☐ Washcloth and towels
- ☐ Soap, shampoo, comb/brush
- ☐ Deodorant
- ☐ Shower shoes (optional)
- ☐ 1-2 extra garbage bags (for dirty clothes, bedding, etc...)

General Items:

- ☐ Alarm Clock
- ☐ Flashlight
- ☐ Insect repellent
- ☐ Sunscreen
- ☐ Water bottle

Optional Items:

- ☐ Camera
- ☐ Board games
- ☐ Playing cards

PLEASE DO NOT BRING:

- ☐ Alcohol or other controlled substances
- ☐ Silly String
- ☐ Knives/Firearms
- ☐ Pets
- ☐ Aerosol Cans
- ☐ Food/ Candy/ Gum
- ☐ Fireworks
- ☐ Hair dryers/ Curling irons
- ☐ Cell Phones



Shekinah Overnight Trip Medical Authorization Form

Parent/Guardian is to read and complete this form, have it notarized, and return it to the school office by 8/14/2025. **Incomplete or non-returned forms shall result in the student being excluded from participation.**

Student's Name: _____ Sex: _____ Birthdate: _____

Home Address: _____ City: _____ Zip: _____

Mother/Guardian's Name: _____

Phone (H): _____ (W): _____ (C): _____

Father/Guardian's Name: _____

Phone (H): _____ (W): _____ (C): _____

EMERGENCY NUMBERS (if parent/guardian cannot be reached):

1. Name: _____ Phone (H): _____

Relationship to student: _____ Phone (C): _____

2. Name: _____ Phone (H): _____

Relationship to student: _____ Phone (C): _____

Student's Health Care Provider: _____ Phone: _____

Medical Insurance Company: _____ Phone: _____

Insurance Company Address: _____

Name of Policy Holder: _____ Identification #: _____

If you have insurance, please attach a copy of the front and back of your insurance card to this form.

GENERAL HEALTH CARE INFORMATION:

If your child was recently hospitalized, has a fracture or needs specific medical care, please attach written health care provider instructions to this form.

Please check all that apply to your child

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Animal Allergies | <input type="checkbox"/> Bleeding Problems | <input type="checkbox"/> Dietary Restrictions | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Bee/Insect Allergies | <input type="checkbox"/> Mobility Concerns | <input type="checkbox"/> Asthma | <input type="checkbox"/> Glasses/Contacts |
| <input type="checkbox"/> Drug Allergies | <input type="checkbox"/> Sleep Walking | <input type="checkbox"/> Seizures | <input type="checkbox"/> Ear Tubes/Aids |
| <input type="checkbox"/> Environmental Allergies | <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Food Allergies | <input type="checkbox"/> Activity Restrictions | <input type="checkbox"/> Heart Problems | |

Please describe any medical condition including severity and treatment. _____

Food Restrictions/Allergies: _____

Medical Authorization Form

Student Name: _____

MEDICATION

- Students in middle and high school may self-carry their nonprescription and/or emergency medication.
- Parent/guardian is responsible for supplying all medication in its original container, labeled with student's name, and should only include the total number of doses needed for the duration of the trip.
- Please drop prescription medication for the trip off at the office.

SECTION A -Chaperone Administered Medication & Emergency Medication

Medication	Dose	Time(s) to be given	Side Effects

Please list any special storage or considerations: _____

If medication is an inhaler, EpiPen, or medication and supplies for diabetic management, may the student self-carry Y / N

SECTION B -Self-Carry Medication (Nonprescription Medication)

Medication	Dose	Time(s) to be given	Side Effects

SECTION C – Parent/Guardian Authorization, Emergency Consent, and Signature

PARENT AUTHORIZATION AND EMERGENCY CONSENT

The information on this form is correct and complete to the best of my knowledge, and my child has my permission to participate in this event, with restrictions as noted. I understand and consent to the sharing of this information with all appropriate personnel who will be supervising my child for the duration of this trip or who may be responsible for the welfare of my child.

In the event I or another legal guardian cannot be reached in a medical or dental emergency, I consent for a school staff member to accompany my child to a medical facility. I authorize emergency medical or dental treatment by a licensed physician or dentist.

This authorization does not cover any major surgeries or treatments unless the medical opinions of two other licensed physicians or dentists concur in the necessity and urgency for such surgery/treatments before they are performed.

Parent/guardian signature _____ Date _____

CAMP CROSLY YMCA

RELEASE OF LIABILITY

Participant's Name _____

Group Name _____

Please Read Carefully-This is a Release of Liability

Although precautions are taken to provide proper organization, instruction, and equipment for your or your child's participation in our programs, there can be no guarantee of absolute safety against injury and unforeseeable accident. There are elements of risk in any adventure, sport, or program involving physical exertion and risk taking, or associated with the outdoors (referred to herein as "activity"), and the use of any equipment or animals for the activity. I, on behalf of myself, my child, and any other parent of the child, understand that myself or my child may be involved in activities including but not limited to sailing, water-skiing, horse riding, canoeing, swimming, team building initiatives, boating, ropes course, climbing, rappelling, and/or other physical activities. Some of these activities are rugged adventure recreational activities. I acknowledge that my child may decline to participate in any activity. Any participation will be voluntary.

ACKNOWLEDGMENT OF RISKS: I recognize that there is inherent danger in any activity which involves physical exertion or risk taking; that natural hazards do exist; that although the program may not be strenuous, injuries or medical complications may occur; that certain foreseeable and unforeseeable events unique to each individual activity can contribute to the unpredictability of the activity; that balance and physical coordination may affect the occurrence of accidents or falls; and that I should ask about other potential hazards and recommended precautions and procedures.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: In recognition of the inherent risks of the activity which myself or my child will be engaged in, I confirm that I or my child is physically and mentally capable of participation in the activity and/or using equipment. I understand that I or my child will be participating willingly and voluntarily and I assume full responsibility for personal injuries, accidents or illnesses, including death. I also assume responsibility for damage to or loss of personal property as the result of any accident that may occur.

On behalf of myself, my child, and any other parent of the child, I assume the risk(s) of personal injuries, accidents, and/or illnesses, including, but not limited to, sprains, torn muscles and/or ligaments; fractured or broken bones; eye damage; cuts, wounds, scrapes, abrasions, and/or contusions; dehydration, oxygen shortage (anoxia), exposure and/or altitude sickness; head, neck, and/or spinal injuries; animal or insect bite or attack; injury caused by discharge of any weapon; shock, paralysis, and/or death.

TERMINATION OF ACTIVITY: I recognize that you, as provider of services, may find it necessary to terminate any activity due to forces of nature, medical necessities, or other problems; and/or to terminate the participation of any person you judge to be incapable of meeting the rigors or requirements of participating in the activity. I accept your right to take such actions for the safety of myself or my child and/or other participants. I acknowledge that no guarantees have been made with respect to achieving objectives.

AUTHORIZATION: I hereby authorize any medical treatment deemed necessary in the event of any injury to my child while participating in the activity. I will have appropriate insurance or, in its absence, I agree to pay all costs of rescue and/or medical services as may be incurred on behalf of myself or my child.

RELEASE: In consideration of services or property provided, I, for myself, for my child, and for any other parent of the child, do hereby release the Muncie Family YMCA, the Muncie YMCA of Indiana Inc., Camp Crosley YMCA, its principals, trustees, directors, officers, agents, employees and volunteers, and each and every land owner, municipal and/or governmental agency upon whose property an activity is conducted, from all liability with respect to myself or my child and I waive any claim for damage arising from any cause whatsoever, except for any claims which are the result of gross negligence of the party or parties released herein.

I authorize the YMCA to take and use any photographs, slides and videos of my camper for promotional purposes, brochures, flyers, website and the internet.

Participant (Parent/Guardian if under 18) Signature: _____ Date: _____

Participant (Parent/Guardian if under 18) Name: _____

Email Address _____

