

Hello Wonderful 8th Grade Families!

We have exciting plans for this year! Below you will find important time sensitive forms and details concerning our MS fall retreat. This year we are thrilled to take our students for three action packed days at Camp Highland in Ellijay, Georgia for a time of spiritual growth and team focus. Check out their website at www.camphighland.com:

What is Camp Highland? A high adventure, Christian camp for people of all ages, Camp Highland uses high adventure to lead people into a deep and growing relationship with Christ. Camp Highland is a place as well as an adventure that campers can enjoy any time of year.

Camp Highland Retreat Details:

Departure Date:	Wednesday, September 3
Departure Time:	9:00 AM !!!
Return Date:	Friday, September 5
Return Time:	3:00 PM
Chaperone Cost:	\$40 due with chaperone form
Forms 1 & 2 Due:	<u>12 NOON Thursday, August 14</u>

Grace has been given!
Deadline has been
extended to Monday
Morning, August 18 !

All Chaperones must have a current background check on file. (See attached form.)
You may turn in your forms 1 and 2 during the Meet and Greet on Friday !!!

Mandatory Steps to Prepare for Camp. Must be completed by 8-14-14:

1. Complete FCS form 1 and return.
2. Complete FCS form 2 and return if you wish to chaperone.
3. Complete FCS form 3 only if student will be taking meds during retreat.
4. Complete Camp Highland registration on their website. (**see camp directions**)
5. Within 48 hours of account verification Camp Highland will email you the next medical info step that must be completed!!! Camp Highland steps must be completed by 8-14-14

Since our trip is fast approaching, completed FCS forms must be **returned to Mrs. McDonald's inbox located on her desk by NOON Thursday, August 14 !!!** Students who do not return all paperwork by 12 noon Thursday, August 14 will serve a silent lunch until the paper work is returned. You may also ask the MS office staff to drop it in my mailbox.

Note: Please contact Camp Highland with any dietary concerns: 678-393-0300

Camp Highland is a Christian camp and shares our Christ honoring goals. Please respect their attached packing checklist and standards.

Please contact me with any questions at jo.mcdonald@fcspaladins.org or 770-993-1650.

Thank-you for allowing me to serve you again this year.

Gratefully,
Jo McDonald

Print clearly

Fellowship Christian School Authorization
Camp Highland September 3-5, 2014

8th Grade
"Student" Form 1

Medical information will be used from Renweb for this field trip.

Student's Name _____ Birthday ____ / ____ / ____
Parent's Names _____ Home Phone # _____
Mom's Cell # _____ Dad's Cell # _____

List any allergies (include seasonal): _____

Reaction to and treatment for allergies: _____

Student's reaction to bee/wasp stings: _____

For bee stings – normal treatment includes removing stinger, cleaning with antiseptic, applying antibiotic ointment, and providing ice. Oral analgesics, anti-itch cream, and Benadryl will be given if needed.

Additional treatment needed for your child if stung: _____

Physical activity restrictions: _____

Please note any additional medical information that would be necessary for prompt and correct emergency response for your child if necessary. _____

Students may NOT carry any medication with them on the trip!
The following over the counter medication will be available during the field trip.

Please **INITIAL** the following medications that your child is allowed to receive when necessary:

- _____ Acetaminophen -Tylenol _____ Sudafed _____ Antibiotic Cream
- _____ Ibuprofen - Motrin/Advil _____ Benadryl _____ Tums
- _____ Cough Drops/ Throat Lozenges _____ Cough Medicine - Robitussin
- _____ Anti-itch Lotion/Cortisone - Benadryl Cream

Emergency contact other than parents:

Name _____ Home _____ Cell / Wk _____

During this trip will your child need meds that are not listed above? Yes or No

Authorization: This document authorizes my child to participate in special activities sponsored and authorized by Fellowship Christian School, including activities involving physical exertion, such as physical education activities, athletics, field trips, service projects, special outings, school retreat, and transportation to such events. Middle School and High School students participating in competitive athletics must also submit an approved GHSA Pre-participation Physical Evaluation form completed by their physician.

Release of Liability: I release and absolve Fellowship Christian School and its agents, officers, directors, chaperones, and employees from any liability whatsoever related to participation in any school-sponsored activities and/or transportation associated with that activity.

Permission to Treat: I certify that the information on this form is complete and accurate. In case of emergency or accident during any school-related activity involving my child who, in the opinion of school authorities present, requires immediate medical or surgical attention, I hereby grant permission to Fellowship Christian School authorities to obtain the services of a physician and/or to transport said child to the hospital if it is deemed necessary. I hereby grant permission, also, to said physicians to treat said condition, pending my arrival.

- My signature below grants my child permission to participate in school-related activities as described above.
- My signature below authorizes FCS authorities to secure necessary emergency attention for my child as described above.
- I have read the above Release of Liability / Permission to Treat and agree to its provisions.

Parent/Guardian Signature _____ Date _____

Print Parent/Guardian Name _____ Relationship to Student _____

Print clearly

“Chaperone”
Fellowship Christian School Authorization
Camp Highland September 3-5, 2014

8th Grade
Chaperone Form 2

Volunteer’s Name _____ Birthdate _____ Male Female

Home Address: _____

Home Telephone: _____ Cell Number: _____

Spouse: _____ Spouse Cell Number: _____

Name of Family Physician: _____ Office Number: _____

Pertinent Medical Information, condition or concerns (details and treatment, include Asthma / RAD) _____

Medications Taken Daily (name and dosage): _____

Physical activity restrictions: _____

Allergies (include food, insect, and drug allergies along with treatment): _____

Please list two additional emergency contacts in the event of an emergency:

Name _____ Telephone _____

Name _____ Telephone _____

Release of Liability: I release and absolve Fellowship Christian School and its agents, officers, directors, chaperones, and employees from any liability whatsoever related to participation in any school-sponsored activities and/or transportation associated with that activity.

Permission to Treat: I certify that the information on this form is complete and accurate. In case of emergency or accident during any school-related activity, in the opinion of school authorities present, I require immediate medical or surgical attention, I hereby grant permission to Fellowship Christian School authorities to obtain the services of a physician and/or to transport me to the hospital if it is deemed necessary. I hereby grant permission, also, to said physicians to treat said condition, pending family arrival.

- I have read the above Release of Liability / Permission to Treat and agree to its provisions.
- My signature below authorizes FCS authorities to secure necessary emergency attention for myself as described above.

Volunteer’s Signature _____ Date _____

Print Volunteer’s Name _____

Student’s Name _____ Relationship to Student _____

Authorization to Give Medication

Middle School Retreat September 3-5, 2014

8th Grade
Medication Form 3

Student's Name: _____

Complete this form **only if your child will be taking medication during the trip.** If your child is not currently taking medication then please keep this form available in case your situation changes before our departure.

The medication listed below should be given to the school nurse, Mrs. Tribble in the HS office no later than 8:15 a.m. on Thursday, August 28. Sooner the better!

Will parent be attending field trip? () yes () no

I hereby request that the Fellowship Christian School System, through the field trip designee, will supervise/assist in the administration of medication to my child according to the instructions provided on the statement below. I understand that:

- Medications must be in the original labeled container (no baggies, foil, etc.).
- Parent/guardian must provide signed form, specific instructions, and medication with related equipment to the school nurse or clinic personnel. Parent must personally deliver to Jo McDonald or clinic personnel.
- All prescription medication must have prescription label on the container.
- Unused medication will be disposed of unless picked up within one week after medication is discontinued.

➤ Name of Medication: _____
(Include Inhalers and EpiPens)

Reason for medication: _____

Dosage and time to be given: _____

Dates medication should be given: _____

Special Instructions/concerns: _____

Physician's Name: _____ Phone: _____

Location(s) of epipen / inhaler: _____

➤ Name of Medication: _____
(Include Inhalers and EpiPens)

Reason for medication: _____

Dosage and time to be given: _____

Dates medication should be given: _____

Special Instructions/concerns: _____

Physician's Name: _____ Phone: _____

Location(s) of epipen / inhaler: _____

I release the school board, the school, school employee and/or any designated volunteer from any liability for administering this medication.

Parent/Guardian Signature: _____ Name Printed _____

Date: _____ Phone: _____

Every student and chaperone MUST complete the Camp Highland Registration process on Camp Highland website. Please note: It is a 2 step process!



We are thrilled to host this retreat for your group at Camp Highland!
Follow the instructions below to register.

PLEASE READ INSTRUCTIONS CAREFULLY

1. If you have previously created a CampInTouch account, register for this retreat and verify that the information is current. Please do not re-create an account if you already have one.
2. Parents or chaperone attending the retreat, list yourself as the camper and mark your grade as **12+**.
3. Please allow 48 hours before finding the required forms in your CampInTouch account.
4. Download attached information packet.
5. Begin application > <https://camphighland.campintouch.com/v2/camper/application/app0.aspx>

We are looking forward to serving you and your group at Camp Highland! We believe our high adventure activities will help you into a growing relationship with Jesus Christ.

Please take a moment to review this packet. Each person (student and chaperone) must register for this group retreat and log into their CampInTouch account. Once registered you will receive a Camp email and must then complete the required forms by August 14.

If you have any questions please contact me.

Thanks,
Camp Highland
information@camphighland.com

Office: 678-393-0300
1200 Camp Highland Rd.
Ellijay, GA 30540

While at camp, campers will have an opportunity to purchase Camp Highland products.

T-shirts \$10/\$35

Water Bottles \$15

Eno Hammocks \$45-75 and Slap Strap \$15

Camp T-shirt Sizes:

Youth Sizes: Small, Medium, Large

Adult Sizes: Small, Medium, Large, Extra Large

Women Size: Small, Medium, Large, Extra Large

Camp Highland

CHECKLIST



Bring clothes that can get dirty and that you might never see again! Please try to limit your luggage to what you can carry—you may need to carry it several hundred yards to your cabin. If rain is forecasted please pack your rain gear. Please label as many things as possible! **All dress should be conservative. No short shorts, spaghetti straps and/or little tops. We will provide “camp clothes” (most of which are lost and found or thrift store specials) to replace inadequate attire.**

Things to Pack:

- 1 **SMALL** duffle size bag
 - Bible
 - Notebook or journal
 - Pens or pencils
 - Pajamas
 - Undergarments
 - 2-3 Pairs of socks (Plan not to see them again)
 - 2 Pairs of OLD shorts and/or jeans, **no short shorts**
 - 2 T-shirts or long sleeved shirt
 - Bug spray
 - Hat (Optional)
 - Pillow
 - One-piece Bathing suit
 - Optional: Two-piece bathing suit if worn under a dark t-shirt and dark shorts at all times
- Small Towel
 - Washcloth
 - Water bottle
 - Twin Sheets/blanket or sleeping bag
 - Rain gear if needed
 - Sunscreen
 - Toiletries – Soap, toothbrush, toothpaste, shampoo, hairbrush etc.
 - Flashlight (with extra batteries)
 - 1 Pair of tennis shoes (closed toe mandatory)
 - 1 Pair of old tennis shoes (wear them to camp)
 - Book bag or fanny pack (for optional day use)
 - Plastic garbage bag (for dirty/wet items)

Optional: Camera and film Spending money for possible snacks and merchandise

While at camp, campers will have an opportunity to purchase Camp Highland products

Things NOT to bring:

Cell Phones
Electronics – Cd player, Radios, iPods, Multimedia games, etc.
Books or magazines that are not Christ centered
Junk food
Jewelry / watches

If found, these things will be taken and not returned:

Fireworks
Tobacco
Alcohol
Drugs
Knives

Possession or use of tobacco, alcohol, drugs, knives or weapons, will lead to police notification and immediate dismissal.

Three strikes and you're out! Campers that are disciplinary problems will be warned twice, then sent home at the parent's expense. No refunds will be offered.

Possession or use of tobacco, alcohol, or drugs will lead to police notification and immediate dismissal