## **Greenbrier Christian Retreat**

PO Box 624

White Sulphur Springs, WV 24986 <u>Greenbrierchristianretreat.com</u> (681) 303-0090



**Please Circle Week:** 

Teen Week (6/17 - 6/21)

**Junior Week (6/24 – 6/28)** 

## **Lewisburg Baptist Church**

Camper Information Name			Drug allergies or other allergic reactions
Birthday		□Male □Female	Dietary needs / restrictions
Address			Pre-existing conditions
City			Parent / Guardian Information (only 1 required) Name
Phone: Home			Relationship to Camper
			Email
Grade for upcoming school year  Church Name			Emergency Contact Phone Numbers:
			Primary
Medical Information Camper Physician			Secondary
			Name
Phone			Relationship to Camper
Campers must be immunized against: Mumps, Measles, Whooping			Email
Cough, Polio, Diphtheria, Rubella, Tetanus			Emergency Contact Phone Numbers:
Tetanus current? □Yes □No			Primary
Medications taken regularly			Secondary
			Insurance Information Insurance Company Name
Reason for taking medication			Policy / Group ID
			Cardholder Name
Health or Behavioral concerns that you would like our staff to know about your child			I DO NOT WISH MY CHILD TO PARTICIPATE IN:
permission for my child to a effort will be made to conta	attend and to use phot act parents or guardian	os and video, including the cons of campers. In the event I	an Retreat in the dress and conduct regulations for my child. I also give amper in camp publicity. In case of medical emergency, I understand that every cannot be reached, I hereby give permission to the physician selected by the to the transportation of my child for activities at Greenbrier Christian Retreat.
Parent / Guardian Signature	 e - Date		

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