



Our Oasis Students will experience an unforgettable week that will not only be fun filled and exciting but life changing. This week will be filled with outreach mission opportunities such as working with Rescue Mission feeding the hungry, serving at the Hope Center, home cooked meals, service projects, daily devotions, and powerful services that will interrupt our busy lives and bring into focus the reason we exist.

LOCATION: Laguna Beach Christian Retreat Center
20016 Front Beach Rd, Panama City, FL 32413
(850) 234-2502

DATE: **June 29-July 3**

COST: **\$300.00** for your first student \$200 for additional siblings.
Application and **\$50 deposit** due April **22nd**
Remaining balance **June 21st**
Pay online available. **uc1ag.com** (mark giving Beach camp with your students name. Payments can be received on or before due date.

Contact Info: JR Hall 731-446-0858 pastorjrhall@gmail.com

Emergency Medical Information

Child's Full Name: _____ Date of Birth: ____/____/____

Home Address: _____ Home Phone: _____

Father's Name: _____ Work or Mobile Phone: _____

Mother's Name: _____ Work or Mobile Phone: _____

Family Doctor: _____ Dr.'s Office Phone: _____

Office Location: _____

If we were not able to reach you at home or work, please list two people, and their phone numbers, who might be able to reach you:

Name: _____ Phone: _____

Name: _____ Phone: _____

Circle One

1. Is your child taking any medication at this present time or being treated for an injury or sickness? Yes No
Specify _____
2. Is your child allergic to any medication? Yes No
Specify _____
4. Has your child ever had an operation? Yes No
Specify _____
5. Does your child require a special diet? Yes No
Specify _____
6. Does your child, or has he ever, had any of the following ailments? Yes No
If so, please circle: Seizure Disorders, Diabetes, Asthma, Hay Fever, Heart Murmur, Kidney Disease?
7. Does your child have any allergies? (other than medical) Yes No
Specify _____
8. Does your child ever sleepwalk? Yes No
9. Does your child have any physical handicap or illness that might prevent him from participating in normal rigorous activity? *If so, specify, and give special instructions on back of this form.* Yes No
10. Date of last Tetanus shot date: ____/____/____

Emergency Medical Release Form

I hereby state that I am the Parent/Legal Guardian of _____. I give my permission for my child to attend all First Assembly of God church events from May, 2020 on May, 2021. I hereby grant specific power of attorney to any adult staff member/leader of First Assembly of God to allow him to give consent for emergency medical treatment, operations, and the administration of anesthesia of my child, only after all attempts to reach a Parent/Legal Guardian have failed. This agreement is executed of my own free will and accord. I, therefore, remit, discharge and relinquish any claim or cause of action against medical personnel, adult who consented to treatment in my absence, or First Assembly of God.

Signature of Parent/Guardian

____/____/____
Date