

The North Highlands Bible Church

TAG Retreat is here!!

Get ready for our 25th annual TAG Retreat!!!

April 20-22

Sabine Creek Ranch

Royce City, Texas

Here's what you need to know:

- This is a special weekend getaway for any NHBC 4th, 5th or 6th grader.
- Invite your friends and expect to have a great time of Worship and Bible exploration while enjoying God's beautiful creation!
- Our guest speaker will be Pastor Titus Brown with special music by NHBC Praise Band members.
- Cost: \$90 per camper (This price includes 2 nights of lodging - Friday & Saturday- plus 4 meals and transportation)
- Registration packets will be mailed, can be picked up in the Children's Pastor's office, or can be found online at www.nhbc.net/TAG
- All forms/payments must be received by Sunday, April 8th to reserve your spot
- Any questions? Email Pastor Titus (titus@nhbc.net) or Gabby Brown (gabbybrown04@yahoo.com)

Please mark your calendar:

Friday, April 20 Parent/ camper meeting/ drop off- Youth Room (East side of the church) at 5:00 p.m. We will collect all outstanding forms/ payments and medical prescriptions. After all items are collected, we will depart for Sabine Creek.

˘ We will leave NHBC promptly at 6:00 pm!

˘ We will arrive at Sabine Creek at approximately 8:30 pm Friday night

˘ We will come back to NHBC at 12 pm on Sunday, April 22

North Highlands Bible Church

9626 Church Road

Dallas, Texas, 75238

214-348-9697

www.nhbc.net

TAG Retreat Intent Form

Student Name: _____ Grade: _____ School: _____
Parent Name: _____ Parent Cell phone: _____
Email address: _____

____ Yes, I plan to attend the TAG Retreat

____ T-shirt size (*please specify youth or adult size*)

____ I would like to bring ____ friends

Student Name: _____

Parent Name: _____

Parent email address: _____

Student Name: _____

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Parent email address: _____

Student Name: _____

Parent Name: _____

Parent email address: _____

____ I will need financial assistance

____ I would like to make a donation toward TAG scholarships

Permission Form

NHBC Permission - One per camper

(Please print legibly)

Name of Camper: _____

Address: _____

City: _____ Zip: _____

Grade: _____

Medications (please fill out medical form- attached): _____

Dietary restrictions: _____

Parent or Guardian to contact in case of emergency:

Name: _____

Home Phone: _____ Cell Phone: _____

I prefer to be contacted by calling ____ Home ____ Cell

Email address: _____

Insurance information:

Name of Insurance Company: _____ Policy # _____
Name of insured: _____
Phone number of Insurance company: _____

Medical Treatment Authorization Form

This form grants temporary authority to a designated adult representing North Highlands Bible Church, to provide and arrange for medical care for a minor in the event of an emergency, where the minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them. This form should be given to the trip leader or shown to the trip leader and then carried by the designated adult.

Minor Full Legal Name: _____
Home Address: _____
Date of Birth: _____
Gender: Female _____ Male: _____

Information for Medical Treatment

Allergies to Medications:

Allergies (Other):

Please note all conditions for which the child is currently receiving treatment:

Note any other significant medical information:

Authorization and Consent of Parent or Legal Guardians

I do hereby state that I have legal custody of the aforementioned Minor. I grant my authorization and consent for the North Highlands Bible Church retreat leader/ nurse to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

This authorization is effective April 20-22, 2017.

Parent / Legal Guardian Signature: _____
Printed Name: _____ Date: _____

Medication Instructions

Please read and fill out this document in its entirety. This will ensure that your child is given the proper medications at the proper times during his/ her trip to Pine Cove. Only an adult leader from North Highlands Bible Church may dispense medication.

We ask that you clearly label the original container with your child's name and place in a Ziplock baggie also labeled with your child's name and your contact information.

Student's full name: _____

Name of drug: _____

Dosage amount (mg): _____

Indicated dosage (include how many times a day, how many pills, time of day, take with/ without food):

Prescribing Physician: _____ Phone: _____

Pharmacy: _____ Phone: _____

Name of drug: _____

Dosage amount (mg): _____

Indicated dosage (include how many times a day, how many pills, time of day, take with/ without food):

Prescribing Physician: _____ Phone: _____

Pharmacy: _____ Phone: _____

Name of drug: _____

Dosage amount (mg): _____

Indicated dosage (include how many times a day, how many pills, time of day, take with/ without food):

Prescribing Physician: _____ Phone: _____

Pharmacy: _____ Phone: _____

Name of drug: _____

Dosage amount (mg): _____

Indicated dosage (include how many times a day, how many pills, time of day, take with/ without food):

Prescribing Physician: _____ Phone: _____

Pharmacy: _____ Phone: _____

I give permission for my child to receive over-the-counter medications such as Tylenol, Benadryl or Cough drops if necessary.

Parent Signature: _____ Date: _____

Packing information

What to bring (*all in one bag, please*):

- A ready attitude for a great time!
- Bible & pen
- Sleeping bag & pillow
- Toothbrush/toothpaste & deodorant
- Shampoo & brush or comb
- 2-3 changes of clothes
- Light jacket
- Sunscreen (don't forget!)
- Towel & washcloth
- Tennis shoes
- Water bottle

What not to bring:

- iPod, DS, DVD, CD, PSP, X-Box, etc. (you get the picture), **Cell phones**
- Knives or anything that will cause damage to another person or property
- Bad attitude

******Additional costs that need to be covered by students include:**

- \$15 meal in Rockwall on the way to camp on Friday.
- Extra spending money is up to each student for Sabine Creek Concession Stand