

Additional Information to make this a great week!

We must have the health history/Eagle Valley Medical Consent form.

The Eagle Valley Medical Consent Form allows us to have a back up should there be an emergency not requiring a 911 call. If you as a parent or guardian and your emergency contact cannot be reached, we will have the option of taking your child to the Eagle Valley Medical Center for care if we believe the injury or illness warrants further care in a timely manner. Though this would be rare, to secure a clinic that would assist us in this event, is a requirement of Rainbow Trail.

Mission Project

Our mission project for the year will be “Tales of the Ones He Won’t Let Go” from Back to Back Ministries. If you are interested in looking at this project, go to www.backtoback.org. We will be spending one of our rotation stations learning about the work of the organization and taking donations at our Thursday program to support their work for orphans throughout the world.

Home Church (if any) _____

In addition.....to make your child feel more comfortable....

Do you have any concerns about your child’s participation? If, so, please let us know.

Name several friends that your child would like to have in their day camp group for the week. We will do our best to accommodate!

People authorized to pick up child:

Name	Phone Number