**STUDENT ESCAPE 2017 DEPARTURE/RETURN INFORMATION**\*\*ALL STUDENTS NEED TO BRING A SACK LUNCH FOR THE BUS\*\*
(departure and return times subject to change)

**LAFAYETTE DEPARTURE** //
355 S Boulder Rd. Lafayette
**HIGH SCHOOL CHECK-IN** //
**Tuesday, August 1st** | **check in opens at 9am and closes at 9:30am**
bring lunch/snacks
 **MIDDLE SCHOOL CHECK-IN** //
**Tuesday, August 1st** | **check in opens at 10:30am and closes at 11am**bring lunch/snacks

**WEST DEPARTURE** //
24887 Genessee Trail Rd., Golden
**HIGH SCHOOL CHECK IN** //
Tuesday, August 1st | **check in opens at 8am and closes at 8:30am**bring lunch/snacks

**MIDDLE SCHOOL CHECK IN** //
Tuesday, August 1st | **check in opens at 9:30am and closes at 10am**bring lunch/snacks

**DENVER DEPARTURE** //
2700 S Downing St., Denver
**HIGH SCHOOL CHECK IN //**
Tuesday, August 1st | **check in opens at 8am and closes at 8:30am**bring lunch/snacks

**MIDDLE SCHOOL CHECK IN //**
Tuesday, August 1st | **check in opens at 9:30am and closes at 10am**bring lunch/snacks

**LAFAYETTE RETURN | SATURDAY August 5th | around 6pm**at 355 W South Boulder Rd, Lafayette
 **WEST RETURN | SATURDAY August 5th | around 7pm**at 24887 Genessee Trail Road, Golden **DENVER RETURN | Saturday August 5th | around 7pm**at 2700 S Downing St, Denver

## For real time text updates, please join our Remind text service:LAFAYETTE: Text @lafpar17 to the number 81010 | You’ll receive a welcome text from Remind.If anyone has trouble with 81010, they can try texting @lafpar17 to (303) 625-7561.

## WEST: Text @westpar17 to the number 81010 |You’ll receive a welcome text from Remind.If anyone has trouble with 81010, they can try texting @westpar17 to (303) 625-7561DENVER: @denpar17 to the number 81010 | They’ll receive a welcome text from Remind.If anyone has trouble with 81010, they can try texting @denpar17 to (303) 625-7561.

**STUDENT ESCAPE 2017 PACKING LIST**

**Packing List:**Students must check-in their medication at check-in:

PERSONAL PRESCRIPTION MEDICATIONS: MUST BE IN THE ORIGINAL BOTTLE/CONTAINER THAT THEY CAME IN WITH THE PRESCRIPTION INFORMATION ON THE BOTTLE. THEY MUST BE PRESCRIBED TO YOUR STUDENT! **PLACE ALL MEDS IN A ZIPLOC BAG. YOU WILL BE ASKED TO COUNT THE NUMBER OF PILLS TURNED IN AT CHECK IN SO FEEL FREE TO BRING ONLY THE AMOUNT NEEDED.**

* Bedding (sleeping bag, pillow, or sheets and blanket for twin sized bunk)
* Clothing for 5 days outdoors (please do not bring short shorts. You will be wearing harnesses which will rub your skin if your shorts aren’t long enough.)
* Hiking/athletic shoes that are close-toed for outdoor activity. Flip flops for around the dorm and showers.
* One set of clothing and shoes that can get muddy. Very muddy. And wet.
* Rainwear
* Hat/Bandana
* Swimsuit (one piece or tankini for girls)
* Jacket/long sleeves and jeans/long pants (the evenings can be very cool)
* Toiletries - toothbrush, toothpaste, deodorant, soap, shampoo, etc
* Towel – one for the beach/water front, one for the shower
* Bible, notebook, pen
* Water bottle
* Bug spray and sunscreen

DO NOT BRING: walkie-talkies, knives or anything sharp, pets, alcohol or drugs, tobacco products (including vaporizers), personal harnesses or helmets, or laptops/large electronics

**Contact Info** - t**he following Flatirons staff contact information is to be used only in the case of an emergency:**Lindsey Heslop (Lafayette Campus Student Ministry Director): 602.751.8683
Sam Toner (West Campus Student Ministry Director) – 443.745.2197

Danny Vermilyen (Denver Campus Student Ministry Lead) – 720.878.4401
Michelle Huey (Student Ministry Coordinator): 303.895.1794

Glorieta Camp
11 State Road 50
Glorieta, NM 87535

**STUDENT ESCAPE 2017 MEDICATION INFORMATION**

**\*\*IF YOUR CHILD TAKES MEDICATIONS, HAS ANY SEVERE ALLERGIES OR DIETARY RESTRICTIONS, PLEASE COMPLETE THE FOLLOWING FORM\*\***

**Medication/Food/Allergy/Health Information**

**BRING PRESCRIPTION MEDICATION IN PRESCRIPTION BOTTLE TO CHECK-IN**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of medication(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose of medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time of day to be taken (please check all boxes that apply):

 [ ]  breakfast

[ ]  lunch

[ ]  dinner

[ ]  bed time

[ ]  other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any side effects/reactions to these medications? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Does your student have any known allergies/dietary restrictions? If yes, check all that apply:

[ ]  dairy [ ]  eggs [ ]  gluten [ ]  peanut

[ ]  shellfish [ ]  soy [ ]  tree nuts/legumes

[ ]  seasonal [ ]  other

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_