



2017 Retreat Permission for Information and Emergency Treatment Form

Print Student's Full Name (first, middle, last)

_____ T-SHIRT SIZE (circle one): S M L XL XXL

Gender (Circle): M F Grade: _____

Name of Parent/Guardian with whom student resides: _____

Address _____

City _____, NY Zip _____

Mother's Phone: Home _____ Cell _____ Work _____

Father's Phone: Home _____ Cell _____ Work _____

E-mail: Mother _____ Father _____

Physician Information

Name _____ Phone _____

Emergency Contact Information

Please list 2 people to contact if we cannot reach parents.

Name _____ Relationship _____ Phone: _____

Home _____ Cell _____ Work _____

Name _____ Relationship _____ Phone: _____

Home _____ Cell _____ Work _____

Insurance Information

Policyholder's ID Number _____ Employer _____ Group _____

Name _____ Group Number _____ Effective Date _____

Insurance Company _____

Address _____ City _____

State _____ Zip _____

Phone: _____

Medication Information and Permission

Does participant have allergic reactions to:

Yes No

Foods _____

Medications (type) _____

Yes No

Insect Bites/Stings _____

(EPI Pen - Required Yes No)

Does participant have Asthma?

Yes No

If your child uses an inhaler or epi-pen, please bring the first day of retreat and give to the retreat nurse at check-in with your child's name on every item. Retreat nurse will maintain asthmas inhalers/epi-pens in emergency packs.

Name of Medication and prescribing MD	Dosage	How is it taken, i. e. oral, injection	Reason	Time(s) of day medication is taken	Day(s)/Number of days Medication is to be taken

The Retreat Nurse has my permission to administer the following to my student without verbal contact (check box for “yes”):

- Acetaminophen (Tylenol) Antacids Ibuprofen (Advil)
 Cough drop Antihistamine (Benadryl) Decongestant (Sudafed)

Release for Emergency Treatment

I understand that in case of an emergency, the Nurse will make every reasonable effort to contact the parents and the physician names on this form. Should this not be possible, I give permission for emergency treatment to be given by available medical personnel.

I authorize the Administration of The Brooklyn Tabernacle Youth Ministry to release medical information to my child’s cabin leader: _____.

Initials

2017 Participant Consent, Release, and Waiver

I, _____, parent or guardian of above-named child (hereafter called “Minor”), do hereby consent to his/her participation BTYM’s 2017 Retreat. I hereby authorize BTYM’s 2017 Retreat Nurse to act on our behalf in authorizing and consenting to emergency medical care for said Minor if he/she becomes ill or is injured while participating in the retreat and/or extracurricular activities. This Participant Consent, Release, and Waiver may be presented to the appropriate emergency medical staff at such time as emergency medical care is required. I release and discharge The Brooklyn Tabernacle from any and all claims of any nature whatsoever, which may arise out of the decision to provide emergency medical care. I, in my own behalf and on behalf of Minor, hereby warrant that I have read this Participant Consent, Release, and Waiver in its entirety and fully understand its contents. I, in my own behalf and on behalf of Minor, am aware that this Participant Consent, Release, and Waiver releases The Brooklyn Tabernacle from liability and contains acknowledgment of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of Minor, further acknowledge that nothing in this Participant Consent, Release, and Waiver constitutes a guarantee that an event will occur. I, in and on behalf of Minor, have signed this document voluntarily and of my own free will.

I have read the Retreat Parent Packet.

Parent/Guardian Signature _____ **Date** _____