

CHESTER COUNTY CHRISTIAN ENDEAVOR
EMERGENCY INFORMATION FORM

(REQUIRED FOR ALL ATTENDEES, ADULTS & YOUTH)
*Please complete **both** pages/sides and **all** of the following information:*

Name of Person Attending Retreat: *(Only list ONE person on each form.)*

Name: _____	
last	first
Date of Birth: _____	E-mail Address: _____
Church: _____	Youth Leader: _____

Parent's or Guardian's Information:

Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Information (if parent or guardian cannot be reached):

Contact Name: _____ Telephone: _____

Relationship to Youth: _____

Medical Information:

Medical Insurance Carrier: _____

Group #: _____ Policy: _____

Medical History: *(Include present and past problems, e.g., Asthma, Seizures, Diabetes, Emotional Disorders, Physical Limitations)*

Allergies: *(include allergies to food, animals, insects, and medications)*

******PLEASE COMPLETE 2ND PAGE******

Medications:

All medications (prescription and nonprescription) must be sent from home and be in the bottle with the original Rx/medication label and given to the nurse upon arrival.

I understand that if I do not list them below, no Rx/medication will be given during the trip.

Listed below are any medications that (Name) _____ will need during the trip.

<u>Medication</u>	<u>Dosage</u>	<u>Times Per Day</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

If necessary, I give my permission for (Name) _____ to receive the following medications on the trip.

Check all that apply: Tylenol Benedryl Tums Ibuprofen Cough Drops

Cold weather and physical activity can trigger asthma. If your child has an inhaler and/or epipen, please send them along to Pinebrook. It is better to have them along and not use them, than not to have them when needed.

PARENT OR GUARDIAN'S AUTHORIZATION:

(Name): _____ has my permission to accompany his/her youth group to Chester County Endeavor Winter WOW Retreat at Pinebrook, February 7-9, 2025.

I understand that in the event medical treatment may be required for this individual, every effort will be made to contact me. If however, I cannot be reached I give permission for Chester County Christian Endeavor to secure the services of a licensed physician or medical facility to provide the necessary care.

Furthermore, I understand that this individual is attending this activity at his/her own risk and that Chester County Christian Endeavor, and any or all of its officers, entities, members or agents will not be held responsible for any accident that may happen to this individual during this event.

Attending the event acknowledges that Christian Endeavor may store attendee's name and image by means of digital or film photography, video photography, audio recording or other documentations. Christian Endeavor may also use any stored data, including attendee's name and image, in printed and electronic publications as well as on any web site created by Christian Endeavor.

SIGNATURE: _____ DATE: _____

PARTICIPANT'S SIGNATURE: _____ DATE: _____

MOTHER'S/GUARDIAN'S CELL PHONE NUMBER _____

FATHER'S/GUARDIAN'S CELL PHONE NUMBER _____