



Encounter Medical Form

Guest/Staff/Volunteer Name: _____

(First, Middle Initial, Last)

Date of Birth: ____/____/____ ___ Male ___ Female

Monadnock Bible Conference will call if there is/are question(s) regarding your child's health and/or if there's an emergency. Please provide contact information for a custodial parent/legal guardian who will be available via phone while your child is at Monadnock Bible Conference. **Staff, volunteers and leaders will provide an emergency contact. One Medical Form per person!**

Parent/Legal Guardian/Emergency Contact Name: _____

Primary Phone Number: (_____) _____

Alternate Phone Number: (_____) _____

Parent/Legal Guardian/Emergency Contact Home Address: _____

(Street Address, City/Town, State, Zip Code)

About Health Care for Encounter/Weekend Retreat Attendees:

1. At Minimum a Staff Member/Volunteer will be EMT Certified and/or First Aid/CPR/AED Certified when attendees are at weekend retreats at Monadnock Bible Conference.
2. Monadnock Bible Conference has a Health Center stocked with non-prescription medications to manage/treat injuries and/or illnesses.

List of non-prescription medications available in the Camp Health Center:

-Please clearly cross out medication(s) the attendee should NOT be given-

- Acetaminophen (Tylenol)
- Pseudoephedrine (Sudafed)
- Antibiotic Cream (topical)
- Calamine Lotion (topical)
- Diphenhydramine-Antihistamine/Allergy Medicine (Benadryl)
- Epinephrine (Epi-Pen for severe allergic reactions)
- Hydrocortisone Cream
- Lice Shampoo (Nix, Elimite and/or Mayonnaise)
- Saline Eye Drops (Visine/Clear Eyes)
- Aloe
- Antifungal Spray/Powder
- Cough Syrup/Cough Drops
- Ibuprofen
- Electrolyte Drinks/Powders (Gatorade/Powerade)

PLEASE TURN TO THE OTHER SIDE



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Date of the Attendees Last Tetanus Shot: ____ / ____ / ____

-Any known medical limitations/conditions (including allergies):

-Please list all medications (prescription, non-prescription and vitamins) and why they're used:

Insurance Information

Subscribers Full Name: _____

Name of Insurance Company: _____

Insurance ID: _____

Insurance Co. Phone Number: _____

PERMISSION STATEMENT:

"I understand and certify that my child's participation in Monadnock Bible Conference's Encounter/Weekend Retreat Program is completely voluntary, and I have familiarized myself with the program and activities my child will be participating in. I recognize certain hazards and dangers are inherent in the Encounter/Weekend Retreat Program and particularly, but not limited to: snow tubing, activities in the snow, tournaments, hatchet throwing, archery, paintball, riflery, pillow polo, gaga, volleyball, basketball, swimming (indoor heated pool), zip lining, low and high ropes course, wall climbing, group games and other activities. I acknowledge that although Monadnock Bible Conference has taken safety measures to minimize risk, Monadnock Bible Conference cannot guarantee the participants, equipment, facilities, premises, and/or activities will be free of hazards, accidents and/or injury. I further recognize and have instructed my child in the importance of knowing and abiding by all camp rules, policies and procedures for the safety of every guest, volunteer and staff member."

"I hereby give permission to the physician(s) and/or hospital/medical center selected by the Camp Directors to hospitalize and/or medically treat my child as deemed necessary. This may include: laboratory work, radiological procedures, immunization(s), prescribing medication(s) and other procedures necessary for medical treatment, including surgery"

"In registering my child for any event at Monadnock Bible Conference, I grant permission to Monadnock Bible Conference and any of its ministries to use my child's name, image, voice and/or image for promotional reasons."

Signature of Parent/Legal Guardian: _____

Date: ____ / ____ / ____