



# Encounter Medical Form



Guest/Staff/Volunteer Name: \_\_\_\_\_

(First, Middle Initial, Last)

Church/Group Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_ Male      \_\_\_ Female

Monadnock Christian Ministries 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 Christian Conference Center Incorporated. **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 Christian Conference Center Incorporated.
2. Monadnock Christian Conference Center Incorporated 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-**



# Encounter Medical Form



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\*

(Attach a copy of your insurance card if possible)

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 Christian Conference Center Incorporated'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/sledding, 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, archery tag, group games and other activities. I acknowledge that although Monadnock Christian Conference Center Incorporated has taken safety measures to minimize risk, Monadnock Christian Conference Center Incorporated cannot guarantee the participants, equipment, facilities, premises, and/or activities will be free of hazards, accidents, injury and/or death. 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 sign this releasing Monadnock Christian Conference Center Incorporated of all liability, with full knowledge of the inherent risks of the "Encounter" program."*

***"I hereby give permission to the physician(s) and/or hospital/medical center selected by Camp Leadership 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 Christian Conference Center Inc., I grant permission to Monadnock Christian Conference Center Inc. and any of its ministries to use my child's name, voice and/or image for promotional reasons."*

**Signature of Parent/Legal Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_