

# retreat for girls

## Emergency Contact Information

If for any reason there is an emergency with your daughter while at Retreat for Girls, we want to have accurate and detailed emergency contact information. This information will be used to better care for your daughter in the case of an emergency. It will also enable us, as directors, to contact you more efficiently and quickly. Please fill out the information below and have your daughter bring it with her to check-in on July 7, 2008.

Participant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age on July 7, 2008: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Other number where you may be reached (work, spouse's work, 2<sup>nd</sup> cell phone): \_\_\_\_\_

Email: \_\_\_\_\_

Name and number of someone to call if you cannot be reached (ie: neighbor, relative):

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**MEDICAL INFORMATION:** (You may want to include a copy of your insurance card.)

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Policy Holder's Name: \_\_\_\_\_

Co-Pays: Dr. Visit: \_\_\_\_\_ Prescription: \_\_\_\_\_ ER Visit: \_\_\_\_\_

Any medications your daughter is taking: \_\_\_\_\_

Any allergies to food, medication, etc.: \_\_\_\_\_

Any other information you feel is necessary for us to know about your daughter: \_\_\_\_\_

Because of liability reasons we are unable to give your daughter over the counter medications without parental consent. For this reason, you may want to send some commonly used medications with your daughter. Some of these medications could include: Tylenol, Ibuprofen, cold medicine, etc. You may also consider sending sanitary napkins and/or tampons. Please know that we will have basic first aid supplies with us at all times.

If you give your consent for us to provide your daughter with a needed medication please sign below. Also, please check the medications that you would consent to your daughter receiving. We can only give the medications that are checked, nothing else. Thank You.

\_\_\_\_\_  
Parent or Legal Guardian's Signature

Tylenol    Ibuprofen    Cold Medicine    Nyquil    Antacid  
 Aspirin    Pepto Bismal    Other: \_\_\_\_\_