

North Carolina Fellowship of Friends
Youth Retreat Cost \$30
January 18 at 6:30pm until January 21, 2019 at 10:30 am

MEDICAL INFORMATION

In case of emergency, we will need to have some basic medical information. Please complete this form to the best of your ability.

Does the participant have any history of significant medical problems, chronic or recurring illness, or physical or emotional conditions that could impact their experience at the lock-in? Please explain: _____

Does the participant have any allergies? Do they use any emergency allergy medications (EpiPen, etc.)? _____

Does the participant have any dietary restrictions or food allergies? _____

Primary Medical Insurance Provider: _____

Primary Physician's Name/Practice: _____

Hospital preference: _____

Does participant take any medications that emergency responders should be aware of in the event of an emergency? () Yes () No

If yes, please provide the medication name(s) and dosage:

I hereby give my permission to the NCFF designated nurse to provide on-site medical care for my child if necessary.

Parent/Guardian _____ Date _____

*“Teacher, which is the greatest commandment in the Law?” Jesus replied: **“Love the Lord your God with all your heart and with all your soul and with all your mind.’ This is the first and greatest commandment. And the second is like it: ‘Love your neighbor as yourself.’ All the Law and the Prophets hang on these two commandments”** Matthew 22:36-40*

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Medication Information

If the participant requires medications to be given during the Lock-in, please complete this form. We have a designated nurse who will be responsible to keeping medications safe and administering medications as described on the medication form.

Please provide detailed information regarding medication dosing.

Medication name_____

Dosage/Frequency_____

How administered? (Orally, Injection, etc.)_____

Medication name_____

Dosage/Frequency_____

How administered? (Orally, Injection, etc.)_____

Medication name_____

Dosage/Frequency_____

How administered? (Orally, Injection, etc.)_____

ALL PRESCRIPTION MEDICATIONS MUST BE BROUGHT TO EVENT IN THEIR ORIGINAL CONTAINER FROM THE PHARMACY, PROPERLY LABELED WITH CURRENT DOSAGE. ANY CHANGES FROM THOSE ON THE CONTAINER MUST BE VERIFIED IN WRITING BY A PHYSICIAN. ALL MEDICATION MUST BE TURNED OVER TO THE EVENT NURSE AT REGISTRATION.

I hereby give my permission to the NCFE "designated nurse" to administer medications listed on this form.

Parent/Guardian_____ Date_____

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MEDIA RELEASE

To communicate the NCFF mission and message we may want to use photos, videotapes, websites, quotations, stories, artwork, and other artistic expressions of the children and teens we serve for a display board, brochures, newsletters, lectures, or social media. The last name and detailed information about the children will not be spoken or printed.

_____ We give permission to NCFF for the above uses of pictures, photos, artwork, quotations, stories, and videotapes.

_____ We give permission with the following exceptions:

_____ We do **Not** give permission to any of the above.

Participant Name(s) _____

Parent/Legal Guardian Signature

Date

Mail to: NCFF, c/o Jamestown Friends Meeting, PO Box 2163, Jamestown, NC 27282

Make check payable to: NCFF (Note : Young Friends Retreat on the memo line)

Questions or more information contact: Marcy Shipwash <marcy.shipwash@icloud.com>
or (336-880-9180)

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