

Emergency Contact and Health Form for Lantern Fellowship

please fill in information and turn in form at registration—optional, but highly encouraged forms will be kept confidential and will be returned to you or shredded after the weekend

Participant Information

Last Name	First Name	Middle Name/Initial	Birthdate
Address		City, State, Zip	

Emergency Contact Information

Emergency Contact #1	Relationship
Address	City, State, Zip

Home Phone	Work Phone	Cell Phone
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Emergency Contact #2	Relationship
Address	City, State, Zip

Home Phone	Work Phone	Cell Phone
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Insurance Information

Participant is covered by medical/hospital insurance: Yes No Copy of insurance card attached: Yes No

Carrier or Plan Name	Group #
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Medical Information

Physician Name	Office Phone
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Dentist Name	Office Phone
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Medical Specialist Name	Office Phone
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Health History

Allergies

please list all known allergies, possible reactions, and management of reaction

Medication Allergies

Food Allergies

Other Allergies (insect stings, hay fever, asthma, animal dander, etc.)

Restrictions

Dietary Restrictions

Physical Restrictions

Medications

This person takes NO medications on a routine basis.

please list medications that may be in your system in the event of an emergency, including dosage information

Prescription Medications

Over-the-Counter Medications

Additional Information

please list any additional information that may prove important or useful in the case of emergency medical treatment

Authorization for Treatment

I hereby give permission to the medical personnel selected by the Pilgrim Hills Site Manager or Lantern Fellowship Steering Committee Chair ("camp personnel") to order x-rays, routine tests, treatment, and necessary transportation. In the event that I cannot speak in an emergency, I give permission to the physician selected by the camp personnel to secure and administer treatment, including hospitalization. (Note: attempts to contact the Emergency Contacts listed on the reverse will be made prior to treatment whenever possible.)

Signature of Participant

Date