

Emergency Contact Information

Aquehongian Lodge 112
Brotherhood Weekend

April 26 – 28, 2002 @ Ten Mile River

Participant's Name _____ Date of Birth _____ Age _____
Name of Parent/Guardian or next of kin _____
Phone (____) _____ Additional phone numbers (____) _____ (____) _____
Home Address _____ City _____ ST _____ Zip _____
Business Address _____ City _____ ST _____ Zip _____

If person above is not available in the case of an emergency, contact (list two)

Name _____ Relationship _____ Phone (____) _____
Name _____ Relationship _____ Phone (____) _____
Name of Personal Physician _____ Phone (____) _____
Personal Health/Accident Insurance Carrier _____ Policy # _____

In case of an emergency, I understand every effort will be made to contact me (parent, guardian or next of kin). If I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medications for my child (or me, if an adult).

Date ____/____/____ Parent's Full Name (print) _____

Signature of Parent/Guardian or adult _____

Check all items that apply, past or present, to your health history, Explain any "YES" answers.

Allergies, any and all Yes___ No___ List: _____

General Medical Information: Circle Yes or No

Asthma	Yes	No	Diabetes	Yes	No
Cancer/ Leukemia	Yes	No	Heart Trouble	Yes	No
Convulsions/Seizures	Yes	No	Hemophilia	Yes	No
High Blood Pressure	Yes	No	Kidney Disease	Yes	No

Other (list) _____

List medications/dosage to be taken at camp _____

List any physical or behavioral conditions that may affect or limit full participation in all activities (if none, state none) _____

List equipment used by participant (such as wheel chair, braces, glasses, contact lenses, etc.) _____

Please give last immunization date of Tetanus Toxoid ____/____/____

This form must accompany all Youths and Adults who are participating in the event!