

# Greensburg District Youth Retreat

Camp Allegheny—#814-754-5122

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## EMERGENCY CONTACT & MEDICAL INFORMATION

Parent or Guardian \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Medications \_\_\_\_\_

Additional Information \_\_\_\_\_

Allergies \_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_

Policy # \_\_\_\_\_

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## CONSENT FOR EMERGENCY TREATMENT

At the time of an emergency, in the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for any treatment deemed necessary by a licensed physician or dentist. I also agree to the transfer of my child(ren) to any reasonably accessible hospital.

Parent/Guardian signature: \_\_\_\_\_ date \_\_\_\_\_

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## CODE OF BEHAVIOR

- Abide by the established Rules of Camp Allegheny
- Participants are to abide by all directions from adult leaders
- Failure to abide by this Code of Behavior can result in an immediate request for parents to come to the camp for their young person.

Youth signature: \_\_\_\_\_ date \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ date \_\_\_\_\_

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- **Church Youth Leadership must have a completed form for each youth participant upon registration.**
  - **These forms must be kept by the youth leader or adult representative in the event they are needed.**