



MARIANIST FAMILY RETREAT CENTER EMERGENCY INFORMATION & PARENTAL AUTHORIZATION

Parent or Legal Guardian:

Please complete both sides of this form for each child who will be participating in, or staffing, a Marianist retreat and will not be accompanied by you.

EMERGENCY INFORMATION

Teen Name: _____ Age: _____
 Home Address: _____ Home Phone: (____) _____

EMERGENCY CONTACT: Person to be notified in case of illness or injury:

Name: _____ Home Phone: _____
 (____) _____

Relationship: _____ Work Phone: _____
 (____) _____

If not at home/work, indicate telephone number where you can be contacted. Alternate Phone: (____) _____

*Indicate the name and phone number of an **alternate adult contact** in the event that parent or legal guardian is not at one of the above numbers.*

Name: _____ Phone: (____) _____
 Relationship: _____

MEDICAL INFORMATION

FAMILY DOCTOR: _____ PHONE: (____) _____

Health Insurance Plan: _____
 Group Code: _____ Membership #: _____

MEDICAL INFORMATION: Please list any medical facts that would be helpful in an emergency.

blood type [____] diabetes [____] heart condition [____] epilepsy [____]
 asthma [____] other: _____

ALLERGIES:

aspirin [____] foods (indicate) _____
 penicillin [____] other _____

Symptoms: _____
 Treatment(s): _____

MEDICATIONS: Currently taking: _____
 Administered as follows: _____

**SPECIAL POWER OF ATTORNEY
MEDICAL & HOSPITAL TREATMENT AUTHORIZATION**

KNOW ALL MEN BY THESE PRESENTS

That I, _____, Social Security Number _____ legal resident of the State of _____ and the lawful parent or legal guardian of the child named below, hereby make, constitute and appoint, The Marianist Family Retreat Center whose address is 417 Yale Ave. Cape May Point, NJ 08212, as my true and lawful attorney for me and in my _____ name, place and stead, to perform any and all acts hereinafter set down as fully to all intents and purposes as I might or could if personally present, hereby ratifying and confirming all that my said attorneys shall do or cause to be done by virtue of this power, to wit:

TO AUTHORIZE ANY AND ALL MEDICAL AND HOSPITAL CARE AND TREATMENT, INCLUDING MAJOR SURGERY, DEEMED NECESSARY BY A DULY LICENSED PHYSICIAN, FOR THE HEALTH AND WELL BEING OF MY CHILD AS NAMED HEREIN BELOW:

<u>NAME</u>	<u>Age</u>	<u>RELATIONSHIP</u>
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FURTHER, UNLESS SOONER REVOKED OR TERMINATED BY ME, THIS POWER OF ATTORNEY SHALL TERMINATE ON _____.

IN WITNESS WHEREOF, I have hereunto set my hand this _____ day of _____

(Signature of Parent or Legal Guardian)

“OFF SITE” AUTHORIZATION

As part of the weekend program, we plan to do an off-site service project. The teens will be supervised by staff during this time. My child _____ is authorized to drive or ride in a vehicle driven by a staff member to and from the site of the service project.

(Signature of Parent or Legal Guardian)

“TO PARENT(S) & GUARDIANS”

Please note that in the past teens were permitted, with parental/guardian permission, to drive or be driven into town during free time. We no longer will permit teens to do this. All activities during the course of the Retreat will take place at or near the Retreat Center. Teens will be allowed to take **unsupervised** walks on the beaches, down to the lighthouse, etc.

(Signature of Parent or Legal Guardian)