



MARIANIST FAMILY RETREAT CENTER EMERGENCY INFORMATION & PARENTAL AUTHORIZATION

Parent or Legal Guardian:

Please complete both sides of this form for each child less than 18 years of age 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, _____, 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 Avenue, Box 488, Cape May Point, New Jersey 08212-0488, 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 _____.

I have hereunto set my hand this _____ day of _____

(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.

Please acknowledge this by signing below:

(Signature of Parent or Legal Guardian)