Beyond Malibu 2022

TRIP INFORMATION

Trip Sponsor:	Nassau Presbyterian Church, Youth Ministry Committee				
	61 Nassau Street, Princeton, NJ 08542 USA Phone: 609-924-0103				
Staff Members:	Mark Edwards				
Trip Dates:	Tuesday – Friday, July 21-August 2, 2022				
PARTICIPANT	INFORMATION				
Name:		DOB:	🛛 Male	□ Female	
Home Address:					

Email:	
Home Phone:	Cell Phone:

MEDICAL CONDITIONS: Please answer in detail if applicable or write N/A. Attach additional pages if necessary. 1. List any medical conditions you have (asthma, diabetes, epilepsy, etc.):

- 2. List any allergies (drug/medicine, including over the counter medications, food, and/or environmental) and the severity and type of reaction:
- 3. Please explain any other pertinent information about the participant (i.e. physical, behavioral, or emotional) that would be important for the adult leaders to know.

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PRESCRIPTION MEDICATIONS:

According to best practices for British Columbia adventure camps, our Guides will take possession of and dispense all prescription medications for participants 18 and under, except emergency medications such as inhalers and/or EPI pens. Our guides have completed Wilderness Advanced First Aid training and follow guidelines established by our Medical Director regarding the handling, administration, and documentation of prescription medications.

Parents are responsible for ensuring that their child has an adequate supply of needed prescription medications for the entire duration of this adventure, including travel time to and from Beyond Malibu. <u>Medications must be in</u> their original container with the pharmacist's label. Prescription medications not in their original container with the pharmacist's label. Label all over-the-counter meds with the camper's full name and place them in a Ziploc-type bag. If your child is prescribed an EPI pen for severe allergic reactions, Beyond Malibu requires each child to carry at least 2 EPI pens while on a Beyond Malibu Adventure.

MEDICATION:

List all medications the youth will take during the trip. This includes any prescription, non-prescription medications, herbal supplements and vitamins.

Medication Name	Dose	Treatment for	Dispensing instructions
Example: Zyrtec	5mg	Seasonal allergies	Take one pill daily in the morning with food

X

Signature of Participant (21+) or Parent/Guardian

Date