

Beyond Malibu 2024

TRIP INFORMATION

Trip Sponsor: Nassau Presbyterian Church, Youth Ministry Committee
61 Nassau Street, Princeton, NJ 08542 USA Phone: 609-924-0103

Staff Member: Mark Edwards

Trip Dates: Wednesday – Saturday, July 17-27, 2024

PARTICIPANT INFORMATION

Name: _____ DOB: _____ ☐ Male ☐ Female

Home Address: _____

Email: _____

Home Phone: _____ Cell Phone: _____

PRIMARY CONTACT INFORMATION (SPOUSE, PARENTS OR GUARDIANS)

Name: _____ Name: _____

Email: _____ Email: _____

List all phone numbers where the primary contact(s) can be reached (type: i.e. home, cell)

Name: _____	#: _____	Type? _____
Name: _____	#: _____	Type? _____
Name: _____	#: _____	Type? _____
Name: _____	#: _____	Type? _____

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:

Beyond Malibu 2024

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.

--

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. Medications must be in their original container with the pharmacist's label. Prescription medications not in their original container with the pharmacist's label (such as a daily pill box) are not acceptable. 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
<i>Example: Zyrtec</i>	<i>5mg</i>	<i>Seasonal allergies</i>	<i>Take one pill daily in the morning with food</i>

X _____
Signature of Participant (21+) or Parent/Guardian

Date

Please return this complete form with a copy of the front & back of your insurance card on or before Sunday, June 5, 2022.