

2026 Health & Emergency Form

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

Program Information (check all that apply)

Appalachia Service Project (July 5-11, 2026) Beyond Malibu (July 22-August 1, 2026) Splash Camp (June 29-July 2, 2026)

PARTICIPANT INFORMATION

Name: _____ DOB: _____ Male Female

Home Address: _____

Email: _____

Home Phone: _____ Cell Phone: _____

PRIMARY CONTACT INFORMATION (SPOUSE, PARENTS OR GUARDIANS)

Name: _____ Name: _____

Email: _____ Email: _____

Cell: _____ Cell: _____

NON-SPOUSE/PARENT/GUARDIANS EMERGENCY CONTACTS

Name: _____ #: _____ Relation: _____

Name: _____ #: _____ Relation: _____

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:

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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.

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>

Print Name

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 7, 2026.