

PINE FIRST BAPTIST YOUTH

"Justified" Fall Retreat Medical Form

Location: Hunt Branch Lakes Christian Retreat Center

Dates: November 22–24, 2026

STUDENT INFORMATION

Student's name:

Date of birth: _____ Age: _____

QUICK MEDICAL REFERENCE

[] My child does not have any chronic medical conditions and does not take any daily medications.

BASIC MEDICAL INFORMATION

Chronic medical conditions:

Medication allergies:

Food or environmental allergies:

Daily medications:

Emergency medications carried by the student, such as an inhaler or EpiPen:

Other important medical information:

EMERGENCY CONTACT

Parent or legal guardian:

Primary phone: _____ Alternate phone: _____

Additional emergency contact:

Relationship: _____ Phone: _____

EMERGENCY MEDICAL DECISION-MAKING AUTHORIZATION

If I cannot be reached promptly during a medical emergency, I authorize designated Pine First Baptist Church leaders to make reasonable emergency decisions for my child. This includes providing first aid, contacting emergency medical services, arranging ambulance transportation, and authorizing evaluation and treatment recommended by licensed medical professionals until I can be contacted.

[] I grant emergency medical decision-making authorization as stated above.

Limitations or special instructions: _____

Parent/legal guardian signature:

Printed name:

Date: _____ Phone: _____