

HESED MEDICAL RELEASE FORM

_____ will attend Hesed at Camp Carefree from _____ until _____.
(name of participant) (dates of Hesed Retreat)

Complete one:

<p>_____</p> <p>(name of participant)</p> <p>is <u>not</u> able to administer his/her own medication; <u>please provide</u> supervision or reminders.</p>	<p>_____</p> <p>(name of participant)</p> <p>is <u>able</u> to administer his/her own medication and requires <u>no</u> supervision or reminders.</p>
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(mark one) ☐ I am the legal guardian **OR** ☐ I am my own guardian **AND** I will not hold Eastern North Carolina Lutheran Via de Cristo, Presbyterian Pilgrimage, the team for the Hesed retreat, or Camp Carefree responsible for any accident or injury that the participant might sustain.

I give permission in my absence to any medical staff to perform emergency medical treatment needed.

Family Physician: _____ phone _____
(name of doctor) (doctor's phone number)

During the Hesed Weekend, if there is an emergency, please contact:

_____	_____	_____
(name)	(home phone)	(cell phone)
OR		
_____	_____	_____
(name)	(home phone)	(cell phone)

(signature of person completing this form)

(printed name)

(date)

(relationship – if not participant)

Address and telephone number if participant has a legal guardian, medical power attorney or other:

(name)

(address)

(phone number of legal guardian)

Please list all medications:

Name of Drug	Strength	Amount	How Often	Mode of Dispensing (use key below)	Reason	Special instructions (i.e.;mix w/food; take on empty stomach, etc)

KEY

Please use the following codes to describe each medication:

P (pill)

INJ (injection) → **subQ** (into fat) or **IM** (into muscle)

SubLing (under tongue)

Topical (on skin) → indicate what part of the body

Eye Drops → indicate right, left, or both

Ear Drops → indicate right, left or both

******* IMPORTANT *******

**For your safety, PRIOR TO THE
START OF THE HESED RETREAT you
must submit:**

- **both pages of this medical form**
- **copy of current insurance card**