



**One Step at a Time
 Medical Release Form
 Good from July 7th-9th, 2016**

To be filled out by parent/guardian

Name (First, Middle, Last)	Parent/Guardian Name		Phone
Address	City, State	Zip	Birth Date
Emergency Contact	Relationship	Phone 1	Phone 2

Date of Last Tetanus Booster: _____

Allergies: (Please explain reactions) _____ No Known Allergies

_____ Asthma _____ Hay Fever _____ Poison Ivy/Oak _____ Insects

Foods: _____

Drugs: _____

Other: _____

Diet/Nutrition: (Please explain as needed)

_____ Eats a regular diet _____ Eats a regular vegetarian diet _____ Has special dietary needs

Medication

This youth takes no medications

This youth will take the following medication(s)

As Needed OTC Medications: (check all that apply)

_____ Please contact me for permission to administer any over-the-counter medications

_____ Tylenol/Acetaminophen _____ Advil/Ibuprofen _____ Sudafed/Decongestant

_____ Benadryl/Antihistamine _____ Robitussin/Expectorant _____ Pepto Bismol

_____ Tums/Antacid _____ Calamine Lotion _____ Antibiotic Cream

Health Information

Please list anything about the current health of your child that we should know about.

Emergency Back Up Information

If I cannot be reached in the event of an emergency, then _____
is authorized to act on my behalf.

Relationship to participant: _____ Phone: _____

Additional remarks: _____

INSURANCE INFORMATION

Youth's Doctor _____

Phone _____

Health Insurance Co. _____ Policy # _____

Name of Insured _____ Relationship to Youth _____

PARENT/GUARDIAN AUTHORIZATION FOR HEALTHCARE

I, _____

(parent/guardian)

Understand that participants will be supervised and in the event an injury or illness should occur and require medical assistance, I give permission to any physician to render appropriate medical care. I also give permission for the adult supervision team to administer any over-the-counter medication my child may need during this event unless otherwise marked to notify.

Parent/Guardian Signature _____ Date _____