Youth Medical Release Form

Please complete, print and bring one form for each participant.

Participant Information

Name _____

Gender _____ Grade _____

Date of Birth _____ Age _____

Parent/Guardian Information

Name(s) _____

Phone Number(s) _____

Email Address(es) _____

Emergency Contact Information

Primary Emergency Contact Name _____

Primary Emergency Contact Phone Number _____

Secondary Emergency Contact Name _____

Secondary Emergency Contact Phone Number _____

Physician:

Physician Name _____

Physician Phone Number _____

Physician's Address _____

Medications

Any prescriptions that your minor child will be taking during this event must be dropped off by the Diocesan Chaperones to the Event Chaperones.

The following medications will be available to your minor child to take with your permission.

I/we (the parent/guardian(s) of the minor child named above) give permission for the minor child named above to take:

_____ Cough drops   _____ Tylenol

_____ Motrin   _____ Benadryl

_____ Mylanta   _____ Ibuprofen

(PLEASE CHECK ALL THAT APPLY)

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Medical Information

Medical Insurance Company & Policy Number

_____

Known allergies & medical conditions

_____

Current medications

_____

Operations or major illness (specify issue & date)

_____

Please indicate special needs for mobility/accessibility

_____

Please indicate any dietary restrictions:

_____

Date of most recent tetanus booster shot (within past five years)

_____

Additional medical information/comments

_____

Medical Release

In the event I/we (the parent/guardian(s) of the minor child named above) cannot be reached during a medical emergency or following any accident: I/we authorize the Episcopal Diocese of Central New York to act on my/our behalf in carrying out the best treatment possible in consultation with my child's attending board certified and licensed physician or surgeon at an accredited hospital. I assume all responsibility for costs if medical care is provided to my child.

Signature _____ Date _____