

# Medical Release Form

## Youth Community of Wellesley Village Church

2 Central Street, Wellesley MA. 02482

To be in use from September 1, 2016 to August 31, 2017, at any church events or retreats. If any changes occur, it is the obligation of parent or guardian to update the records.

Name of Youth \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name of Parent or guardian \_\_\_\_\_

Youth's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Health History (please check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Motion sickness    | <input type="checkbox"/> Seizure Disorders         | <input type="checkbox"/> Physical Disability                          |
| <input type="checkbox"/> Diabetes           | <input type="checkbox"/> Vision/hearing impairment | <input type="checkbox"/> Appliances (retainers, contact lenses, etc.) |
| <input type="checkbox"/> Sleep Disturbances | <input type="checkbox"/> Mental Disability         | <input type="checkbox"/> Emotional/Behavioral disability              |
| <input type="checkbox"/> Asthma             |  |   |
| <input type="checkbox"/> Other _____        |  |   |
| <input type="checkbox"/> Allergies _____    |  |   |

- If any of the above is checked, please give important detail \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_

(Continued)

Is your son/daughter taking a prescription or non-prescription medication?

Yes

No

If so, list below the medication as well as schedule and dosage. Medications must be given to the advisor team to be administered by them, prior to departure for or the beginning of the event. All medications must be in their original containers (even aspirin or over-the counter medications). Each must contain name, original orders, dosage, dates, directions for use, and specifics for storage (such as refrigeration needed).

1. Medication \_\_\_\_\_

Dosage and frequency/ schedule of dosage \_\_\_\_\_

2. Medication \_\_\_\_\_

Dosage and frequency/ schedule of dosage \_\_\_\_\_

3. Medication \_\_\_\_\_

Dosage and frequency/ schedule of dosage \_\_\_\_\_

4. Medication \_\_\_\_\_

Dosage and frequency/ schedule of dosage \_\_\_\_\_

Youth's Insurance carrier and policy number \_\_\_\_\_

\_\_\_\_\_

Name of primary insured \_\_\_\_\_

I, the undersigned, parent/legal guardian of \_\_\_\_\_

do hereby consent to the provision of any emergency medical care which an attending physician deems to be necessary for the health of my child. I understand that any and all medical expenses incurred are my responsibility and that there is no medical insurance coverage provided by Wellesley Village Church.

Special Conditions: \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_