**Medical Information/Release Form**
**2009-2010 School Year**

Youth's Full Name_____
First Middle Last

## EMERGENCY CONTACTS

Name of Father or Guardian_____
Name of Mother or Guardian_____

Home Phone Number_____
Work Phone Number(s)_____
Cell Phone Number (s)_____

**If Parents Cannot be Reached**

First Contact_____
Name Relationship Phone #

Second Contact_____
Name Relationship Phone #

I hereby warrant that to the best of my knowledge my youth is in good health, and I assume all responsibility for the health of my youth.

Signature_____Date_____

## MEDICAL INFORMATION

Name of Insurance Company_____
Group Number_____ Member Number _____
Any known allergies_____ type of reaction_____
Date of last Tetanus/diphtheria immunization_____
Medications used_____dosage_____
Special dietary needs/restrictions_____
Physical limitations_____
Known medical problems/conditions_____
Family doctor_____ phone number_____
Family dentist_____ phone number_____

**For overnight trips or special circumstances:** Is youth subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting or seizures?

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Please attach recent photo of youth