



Medical Release Form

Name _____ Age _____ Birthdate _____

Year in school _____ Male ___ Female Email _____

Address _____ City _____

State _____ Zip _____ Home Phone _____ Cell _____

Medical Ins. Co. _____ Policy # _____

Mother's Name _____ Ph. H _____ C _____

Father's Name _____ Ph. H _____ C _____

Emergency Contact _____ Ph. H _____ C _____

Physician: _____ Office Phone _____

Dentist: _____ Office Phone _____

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this youth. If necessary, add another page with details.

1. For your child's safety and out knowledge, is your youth a?
 Good swimmer Fair swimmer Non-swimmer

2. Does your child have allergies?
 Pollens Medications Foods Insect Bites

3. Does your child suffer from, or has he/she ever experienced, or is he/she being treated currently for any of the following:
 Asthma Epilepsy/Seizure Disorder Heart Trouble Diabetes
 Frequent Upset Stomach Physical Handicap

4. Date of last tetanus shot: _____

5. Does your child wear? Glasses Contact lenses

6. Pleases list and explain any major illnesses the child experienced during the last year

Attach additional comments on a separate page

Signature or Parent/Gaurdian _____

Notary Signature _____