

Medical Release
New York Yearly Meeting Sessions
EMERGENCY CONTACTS AND PARENTAL PERMISSION FORM

Attendees under 18 must have this form filled out completely when you attend a NYYM sessions gathering .

1. NAME _____ 2. BIRTHDATE _____ PHONE _____

2. ADDRESS _____

CITY _____ STATE _____ ZIP _____

3. PERSONS TO CONTACT IN AN EMERGENCY

Parent's name _____ Parent's name _____

Phone _____ Phone _____

What is the best way to contact you this weekend?

(if the parents are not available, who should we contact?)

Name _____ Name _____

Relationship to youth _____ Relationship to youth _____

Phone w/area code _____ Phone w/area code _____

4. In case the parents or guardians cannot be reached, I grant permission for the NYYM Sessions staff or volunteer adult leaders to provide and/or obtain emergency treatment for this youth and to act *in loco parentis*. I also authorize the emergency/medical services personnel to treat my child.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

5. SPECIFIC PERMISSIONS

<i>I give permission to the gathering staff to give my child over the counter medications as appropriate (e.g. Tylenol, antihistamine, etc...)</i>	<i>yes</i>	<i>No</i>
<i>Parent or guardian signature _____ Date _____</i>		
<i>_____ has an epi-pen to be used for:</i>		

6. PLEASE LIST ALL ALLERGIES (EVEN MINOR ONES) AND EXPLAIN SEVERITY, MEDICATION AND EMERGENCY PROCEDURES:

7. PLEASE LIST ALL MEDICATIONS (INCLUDING DOSAGE AND FREQUENCY) USED REGULARLY.

8. Are there recent illnesses or other things that we should know about your child?:

9. HEALTH INSURANCE INFORMATION

CARRIER _____ TYPE _____ ID# _____