Medical Release

Name of Team Member _____ Date of Birth _____

Street Address _____ City _____ State _____ Zip _____

Name of Parent/Guardian (If Team Member is a Minor) _____ Phone _____

Medical and Insurance Information

Family Insurance Company _____ Policy # _____

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

Check all that apply and give appropriate information below:

- ❑ None
- ❑ Allergies
  - ❑ Insects _____
  - ❑ Medicines _____
  - ❑ Other _____
- ❑ Asthma
- ❑ Bronchitis
- ❑ Diabetes
- ❑ Dizziness
- ❑ Heart Trouble
- ❑ Kidney Trouble
- ❑ Sinusitis
- ❑ Stomach Upset
- ❑ Other _____
- ❑ Immunizations
  - ❑ Tetanus: Date received _____
  - ❑ Hepatitis B: Date received _____

List prescription drugs the team member will be taking while on trip; state frequency and dosage for each.

_____

_____

Emergency Contact _____ Relationship _____ Phone _____

Street Address _____ City _____ State _____ Zip _____

I _____ of _____

Signature of Parent/Guardian (If Team Member is a Minor) Team Member

give permission to medical professionals to dispense care in the case of an emergency. I understand that leaders will make every effort to contact designated parent and guardians first.