



## Youth Medical and Release Form

Student's First and Last Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Registering Parent/Guardian's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Other Phone: \_\_\_\_\_

### INSURANCE INFORMATION (if you do not carry health insurance, please note)

Name of Health Insurance Carrier: \_\_\_\_\_

Group/Plan Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Personal/Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### MEDICAL CONDITIONS

If your child has any personal medical condition or problem that the *Meetin' in the Middle* volunteers should be aware of, it is your responsibility to acquaint us with the existing condition both in this form as well as at registration for the program. The information will be held in confidence and used only to render proper assistance should the need arise. Please include an additional page if you need extra space.

1. Does your child wear contact lenses/glasses? \_\_\_\_\_, or hearing aid? \_\_\_\_\_

2. Does your child have asthma? \_\_\_\_\_. If so, does she have medication? (specify): \_\_\_\_\_

3. Does your child have any physical disabilities or limitations that we need to be aware of for this program? If so, please describe the disability, limitation and history: \_\_\_\_\_

4. Is your child currently on any medication? \_\_\_\_\_. If so, indicate the specific medication, condition prescribed for and any known negative drug interactions: \_\_\_\_\_

5. Does your child have any special needs that we should be aware of that may affect his/her participation in the program (e.g. Fears, Second language, ADD, Asbergers...)? Please explain.

6. Does your child have any allergies (medication, foods, etc) we should be aware of? \_\_\_\_\_ If so, please describe. \_\_\_\_\_

Does your child use medication for allergic reactions? If so, what do you use? \_\_\_\_\_

\*\*\*Note: if your child has anaphylactic allergic reactions we request that s/he bring EpiPen or AnaKit

8. Does your child have any special food needs? \_\_\_\_\_

**RELEASE, INDEMNIFICATION AND WAIVER FORM:** (This is a release, please read it carefully)

I, the undersigned, hereby acknowledge that I have been advised and fully understand that certain elements of danger are inherent any physical activity. I hereby assume all risks of injury and death to my child and loss of or damage to property arising out of my child's participation in such activity and I agree to indemnify, hold harmless the *Meetin' in the Middle* volunteers from and against all claims arising from any occurrence causing damage or injury to my child or to any party participating in said event.

My child is in good overall physical condition and able to participate in physical activity. If I have any doubt about her ability, I will seek the approval of her physician, which I will bring the first day of her participation.

In the event that my child requires medical attention while participating in this program, I hereby grant permission to *Meetin' in the Middle* volunteers to seek medical treatment for my child and I acknowledge that I am responsible for expenses in connection with care and treatment rendered as a result of my child's involvement in this program.

I have read and understand the terms and conditions of this Release, Indemnification, and Waiver and I agree to subscribe to them.

**Parent/ Guardian Signature:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**Printed Name of Parent/ Guardian:** \_\_\_\_\_

Please return to *Meetin' in the Middle* c/o Theresa Rembert at 120 W. Main St, Wilmington, OH 45177. If you have any questions, please call Theresa at 728-1272.

-----For Office Use Only-----