

Pennsylvania Southeast Conference – Spring Meeting 2017

Child Care Medical Release Form
(complete one per child)

Name of Child: _____

Birthdate of Child: _____

1. Has this person had any medical problems of which an emergency Physician would need to be aware (i.e. but not limited to: asthma, allergy to drugs, food or other chronic illnesses, headaches, heart ailment, epilepsy, diabetes, physical Handicaps, emotional problems, or dietary restrictions)? Yes ____ No ____

2. Should there be any limits on physical activity? Yes ____ No ____

3. At the present time, is this person under a physician’s care? Yes ____ No ____
If yes, please describe

4. Is this person taking any medication? Yes ____ No ____
If yes, list names, dosage, why taken and any side effects:

5. Is this person covered by medical insurance? Yes ____ No ____

Name of Insurance Company: _____

Policy Number: _____

Name of Insured: _____

Relationship to participant: _____

6. Does your insurance company require pre-authorization for emergency services? Yes ____ No ____

If so, phone number of the insurance company: _____

This person is below the age of legal consent (18 years); the law requires that we have your permission to give medical service should the need arise. Please read carefully and sign below.

Parent/Guardian Authorizations: This health history is correct and complete as far as I know, and the person herein described has permission to engage in all activities except as noted.

I hereby give permission to the adult leaders of the PSEC Spring Meeting to seek routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I give permission to the PSEC to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the PSEC to secure and administer treatment, including hospitalization, for the person named above. I also agree to assume any financial responsibility for my child's care. I agree to the release of any records necessary for insurance purposes. I also understand that there are inherent risks to my child by participating in this event, even with the best of circumstances. With such knowledge I hereby accept such risks, and having read all of the above information, I hereby give permission for my son/daughter to attend the PSEC Spring Meeting.

1st Contact – Parent or Guardian – PLEASE PRINT

Cell number where you can be reached that day

Parent or Guardian Signature

Date

2nd Contact – Parent or Guardian – PLEASE PRINT

Cell number where you can be reached that day