

**Pennsylvania Southeast Conference  
Special Meeting 2020**

**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? If so, phone number of the insurance company?  
( ) \_\_\_\_\_  YES  NO

***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 Special 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 Special Meeting.*

\_\_\_\_\_  
(1<sup>st</sup> Contact - Parent or Guardian-PLEASE PRINT)

\_\_\_\_\_  
(Cell phone number that you can be reached on the day of the meeting)

\_\_\_\_\_  
(Parent or Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(2<sup>nd</sup> Contact - Parent or Guardian-PLEASE PRINT)

\_\_\_\_\_  
(Cell phone number that you can be reached on the day of the meeting)