

MEDICAL RELEASE AND INFORMATION FORM
Medical Information: For Overnight Trips Only

Names of Participant: _____

Medication presently on (Name and dosage for each):

Allergies (Foods, Medications etc):

Any other Medical conditions (asthma, diabetes, seizures etc)

Date of last tetanus shot: _____

Contact Person - Parents

Home Phone

Work Phone

Cell Phone

If unavailable, Contact Person

Home Phone

Work Phone

Cell Phone

If you have medical insurance please indicate the following:

Insurance Company: _____ Phone: _____

Policy Name: _____ Policy Number: _____

Family Doctor: _____ Doctor's Phone Number: _____

Parent(s)/Guardian(s) Signature: _____ Date: _____