Monthly Meeting	

MEDICAL RELEASE FORM SOUTHERN APPALACHIAN YOUNG FRIENDS (SAYF)

Young Friend:	Date of Birth		
Parent or Legal Guardian: _			
Address:			
Phone #s during the retreated Emergency number (and na	t (home. Work, cell):_ ame) if parent cannot l	pe reached:	
event of an emergency, I author decisions for me concerning the any X-Ray examination; medical and supervised by a physician, so of the state where the services a request that an adult leader acceextent as I would as a parent an expect to be contacted as soon a from the exercise of such author	ize the adult leaders of SA medical treatment or hos l, dental, or surgical diagnorary are rendered, either at a dompany my child during a d guardian unless my child spossible. I absolve the actity, including any and all decived from whomsoever, and series and series are the active are the	ppalachian Young Friends retreats. In the YF to act for me to make any and all pitalization of my minor child; to consent to osis; treatment; and hospital care advised propriate) licensed to practice under the laws octor's office or in a hospital. I specifically my evaluation and treatment to the same direquests otherwise for reason of privacy. I dult leaders from personal liability arising costs, expenses, and charges for medical or and costs of transportation related thereto. I on is complete and correct.	
Signature of Parent or Guardi	an:	Date	
Insurance & Doctor Info:			
Company name & address:			
		Policyholder:	
, C			
Current prescriptions (please ke	ep us up-to-date!):		
		oom physician should know:	

2						
		Young Friend's Name				
Dietary Needs:						
□Vegetarian	□Vegan	□Gluten-free	□Dairy-free	□ Other		
the-counter medic	ations that we	have available ir		an be treated with simple over-		
If you give permission for your child to receive the following medications, check the yes column. If that column is not checked, then permission is not given.		ons, check is not		& Date Given by retreat FAN)		
Yes: Pseudoep Yes: Combined	n (Motrin) mine (Benadry phedrine for co d Sudafed & an ifed) omeopathic) or nausea Pepcid AC, Tun nuth (Pepto Bis ntibiotic ointm Lotion ray (oxymetazo Cream (hydroo n pramoxin ant for anaphyllact	ns smol) ent one) cortisone iseptic) cic reactions:	lowed by mandatory ev	valuation in Emergency Dept.		
Information on Tetanus Shots Date last shot: Don't know Less than 5 years 5 -10 years: Over 10 years						
Is your child is allergic to tetanus: yes no If there is an accident for which a tetanus						
shot is recommend	ded, may we at	ıthorize it? Yes_				
-	e a daily medio	cation? If yes, ple	s, please answer the fol ase list the medication ————————————————————————————————————			

Has your child ever been hospitalized because of asthma?

How should we respond to a breathing problem with your child?