

# Medical Permission/Release Form 2022/2023 School Year

Our commitment is to never misuse the information provided below or release it to unauthorized persons. It will never be used unless necessary, and then only with the greatest discretion. -New South Conference

NAME: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_ Birthdate: \_\_\_\_\_

EMERGENCY CONTACT PERSON(S): \_\_\_\_\_

(Person 1) Phone: \_\_\_\_\_ (Person 2) Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

IMMUNIZATIONS: (give dates if available) \_\_\_ Tetanus, \_\_\_ Polio Booster, \_\_\_ Measles, \_\_\_ Mumps, \_\_\_  
DPT or TD, \_\_\_ Rubella, Others \_\_\_\_\_

PAST MEDICAL HISTORY: \_\_\_ Asthma, \_\_\_ Sinusitis, \_\_\_ Bronchitis, \_\_\_ Kidney Trouble, \_\_\_ Diabetes,  
\_\_\_ Dizziness, \_\_\_ Heart Trouble, \_\_\_ Stomach Upset, \_\_\_ Hay Fever,  
Other (be specific) \_\_\_\_\_

CHILDHOOD DISEASES: \_\_\_ Chicken Pox, \_\_\_ Measles, \_\_\_ Mumps, \_\_\_ Whooping Cough, Others (list)  
\_\_\_\_\_

\* Please use the back of this page if more space is needed. Thank you!

\*ALLERGIES: Food: \_\_\_\_\_

Penicillin or other medications: \_\_\_\_\_ Insect stings or bites: \_\_\_\_\_

Poison sumac, oak or ivy: \_\_\_\_\_

Other allergies: \_\_\_\_\_

\*PREVIOUS SURGERY OR SERIOUS ILLNESS: \_\_\_\_\_

\*CURRENT PRESCRIPTION MEDICATIONS or OVER THE COUNTER MEDICATIONS:

(Give dosage instructions): \_\_\_\_\_

\*SPECIAL DIET: \_\_\_\_\_

OVER-THE-COUNTER MEDICATIONS: Does the WFMC staff have permission to give the camper the following over-the-counter medication or generic equivalent when it is appropriate? :

\_\_\_ Tylenol (Acetaminophen), \_\_\_ Advil (Ibuprofen), \_\_\_ Milk of Magnesia/Tums/Antacid, \_\_\_ Benadryl or Cough Syrup

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**PERMISSION FOR TREATMENT:** My permission is granted for the staff of New South Conference or entrusted lay leaders to provide necessary medical attention in case of sickness or injury to my child. I, the undersigned, do hereby verify that the above information is correct.

Dated this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_ (month/year) in the State of \_\_\_\_\_, County (parish) \_\_\_\_\_.  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Youth: \_\_\_\_\_

**NOTARIZATION:**

On this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ (the signer above), appeared before me \_\_\_\_\_, and in my presence executed the within and foregoing permission and release form.

Witness my hand and official seal this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

My commission expires on \_\_\_\_\_. \_\_\_\_\_

Notary Public