

Medical Permission/Release Form 2023/2024 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