

Medical Information Release Form

Attendee's Name: _____ Gender: _____ Age _____

Parent's/Guardian's Name: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Is attendee presently under a physician's care for any condition? Yes _____ No _____

Specify: _____

Is attendee presently taking any medication(s)? Yes _____ No _____

Specify dosage and frequency: _____

Is attendee allergic to any medication(s) or food(s), etc.? Yes _____ No _____

Specify: _____

INSURANCE DATA:

Subscriber name: _____

Carrier: _____ Carrier Phone # _____

Group # _____ ID # _____

PARENTAL CONSENT (if attendee is under 18 years of age):

In the event of an emergency, I, _____, parent/guardian(s) of
Print name of parent/guardian(s)

_____, hereby authorize the attendee's assigned counselor, or a
Print name of attendee

representative of the 33rd Annual TN State Youth Conference, to transport the attendee to a medical facility and to authorize emergency treatment in my absence.

Signature of Attendee

Signature of Witness (notarized)

Signature of Parent/Guardian

My commission expires

Original signatures and notary seal required on two copies of this form: (1) to be submitted with application; (2) to be retained by counselor.