YOUTH MEDICAL/LIABILITY RELEASE

Event: _Youth To Yellowstone Of Ripley County Project__ Date(s):_____

YOUTH TO YELLOWSTONE OF RIPLEY COUNTY PROJECT

Name of Youth: _____ Birth Date: ___/___/___Age:_____ Grade:_____ Male/Female
Please Print Clearly Circle One

Address: _____ City, State _____ Zip _____

Home Phone: (_____)_____ E-mail _____

Vegetarian _____Other Meal Requirements_____

PARENT/GUARDIAN: _____ Relationship: _____

Phone numbers during event: _____

In event of emergency, if I cannot be reached, contact: _____At: (_____)_____

[MEDICAL HISTORY]

I certify that the above-named minor is in good health and able to participate in all activities:

_____Yes _____No If No, specify limits of participation: _____

Is the minor allergic to any food or medication: _____Yes _____No (If Yes, specify:_____)
Is the minor currently under a doctor's supervision for:
_____ Epilepsy _____ Diabetes _____ Asthma _____ Allergies (Allergies not listed above: _____)
Other condition or special care needs (specify): _____

Current Medication: _____ Date of last Tetanus shot:_____
At events, prescription medication should be turned in to group leaders with clear instructions. If medication is "as needed". Your child must understand the symptoms of their condition and be capable o asking for help from group leaders.

Please check which over-the-counter medication you do <u>NOT</u> want dispensed to this minor:

__Aspirin ___Acetaminophen (e.g. Tylenol) ___Nasal decongestant (e.g. Sudafed) ___Other_____
__Pepto Bismol __Ibuprofen (e.g. Advil, Motrin) __Cough suppressant (e.g. Robintussin, menthol cough drops)

[INSURANCE INFORMATION & AUTHORATION]

FAMILY PHYSICAN (name & phone number): _____

MEDICAL INSURANCE, (company & policy number): _____

Phone # to verify coverage or submit claim: (____)_____ Policyholder's name: _____

I have read both pages of this form and as legal guardian of the above-named minor, I hereby give my permission for him/her to participate in Youth to Yellowstone or Youth to Yellowstone of Ripley County activities and to travel to/from activity locations. Whenever it may be deemed necessary, I authorize the calling of a doctor and/or the providing of other necessary medical services and unless covered by insurance, agree to pay for same. I understand that reasonable measures will be taken to safeguard the health and safety of the young people and indemnify harmless from responsibility the Youth to Yellowstone, Youth to Yellowstone of Ripley County, their employees, volunteers, agents, representatives, and group leaders in the event of sickness or accident involving the above-named minor no matter how caused. I also give my release for mode of transportation, liability, and confidentiality as stated on back.

SIGNATURE (Parent/Guardian)_____ Date: _____

(Leaders Note: One copy with registration, leave one copy at Decatur County School Corporation and travel with one copy)

MEDICAL/LIABILITY RELEASE (Cont.)

Event: _Youth To Yellowstone Of Ripley County Project__ Date(s):_____

Name of Youth: _____

[PARENT/GAURDIAN CONSENT & LIABILITY RELEASE]

As legal guardian of the above-named minor, I hereby give my permission for him/her to be involved in Youth To Yellowstone and/or Youth To Yellowstone of Ripley County Projects and Events. I am familiar with the general goals and purpose of the youth group.

Transportation: I understand that in Youth To Yellowstone and/or Youth To Yellowstone of Ripley County groups will be responsible for and inform me of the mode of transportation for this event. I agree to send my child with the appropriate clothes, personal items and money needed. If my child needs to be sent home for behavior problems or medical reasons, I agree it will be at my expenses.

Liability: I understand that reasonable measures will be taken to safeguard the health and safety of youth participants. I also understand that under laws of most states, adult sponsors acting primarily as a volunteer non-profit organization, cannot be held responsible for accidents or injury to the above-named minor, if those concerned acted with reasonable and prudent judgement.

Confidentiality: I understand that information on this form will only be shared, as needed, with group leaders, and medical professional (such as hospital staff) to safeguard and support this youth. This information will not be publicly disseminated or released to any outside organization.

*****PLEASE READ & COMPLETE BOTH PAGES OF THIS FORM*****