

## Medical Release Form for Minors

Minor's Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ (include copy of Insurance Card)

Emergency Contacts Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Permission to give Aspirin \_\_\_\_ Yes \_\_\_\_ No    Permission to give Tylenol \_\_\_\_ Yes \_\_\_\_ No

List Allergies

\_\_\_\_\_

Medication(s) \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Describe any medical conditions or limitations \_\_\_\_\_

\_\_\_\_\_

Team Leader's Name \_\_\_\_\_ Trip Destination \_\_\_\_\_

\_\_\_\_\_

### Parent or Guardian Authorization

I \_\_\_\_\_, authorize \_\_\_\_\_ to consent to any necessary  
*Parent or Guardian* *Trip Leader*

examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered to the minor under the general supervision and on the advice of any physician or surgeon licensed to practice medicine by the state in which they practice, during the duration of the trip identified above.

Signature of \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_

### Notarization or Parent or Guardian Authorization

**Notary:** State of \_\_\_\_\_ County of \_\_\_\_\_ On this \_\_\_\_\_  
day of \_\_\_\_\_ 20\_\_\_\_, \_\_\_\_\_ personally appeared before me.

\_\_\_\_\_ whose identity I verified on the basis of \_\_\_\_\_

\_\_\_\_\_ whose identity I certified on the oath/affirmation of \_\_\_\_\_ a credible witness,  
to be the signer of the foregoing document, and he/she acknowledged that he/she signed

\_\_\_\_\_ who is personally known to me.