

**Shenandoah Wesleyan District - Medical Release Form**  
**July 6-10, 2009**

**Student Information:**

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Parent/Guardian Name(s):** (This information is not required for persons over 21 years of age.)

Father: \_\_\_\_\_ Mother: \_\_\_\_\_  
 Phone (cell): \_\_\_\_\_ (home): \_\_\_\_\_ Phone (cell): \_\_\_\_\_ (home): \_\_\_\_\_  
 Email: \_\_\_\_\_ Email: \_\_\_\_\_

**Medical Information for Student/Sponsor:**

Doctor's Name: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

Are you restricted from sports or swimming for any reason? (please circle ) Yes No  
 If yes, explain: \_\_\_\_\_

Date of last Tetanus Toxoid Immunization: Month \_\_\_\_\_ Year \_\_\_\_\_

Have you ever had a severe reaction to a bee/hornet sting or insect bite? (please circle) Yes No  
 If yes, explain: \_\_\_\_\_

Do you have? (Please circle)

Sinus Trouble Hay Fever Heart Trouble  
 Epilepsy Asthma Diabetes

Health History: Which of these childhood illnesses have you had: (please circle)

Measles Mumps Rubella  
 Chicken Pox Polio Rheumatic Fever  
 Other: \_\_\_\_\_

Medication: List all medicines that you are currently taking (include medicines such as prescribed drugs, over-the-counter drugs, vitamins, and inhalers):

<b>Name of Drug:</b>	<b>Strength:</b>	<b>Frequency Taken:</b>

List any allergies:

Food: \_\_\_\_\_  
 Drugs \_\_\_\_\_

**Insurance Information:**

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

If parent cannot be reached, please notify: \_\_\_\_\_ (relationship to participant) \_\_\_\_\_

Phone: \_\_\_\_\_ or \_\_\_\_\_

Parent, I give my authority and consent to the Shenandoah Wesleyan District's sponsors/leadership to seek a doctor or qualified person to provide emergency medical treatment to the above named student in the event he/she is ill or injured while participating at Camp. I, undersigned parent/guardian of the above mentioned child who is a minor, do realize, acquit, discharge and covenant to hold harmless its sponsors and representatives from any and all actions, cases of actions, damages, and/or liabilities arising from the medical treatment of any sickness or injuries from an accident incurred by my said child during Camp.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_