

# MINOR MEDICAL RELEASE AUTHORIZATION

This form **must be completed** – legibly – and signed in all areas by both the minor and his/her parent or guardian.  
By signing this form, the minor affirms having read it. A copy of this form must be kept at the office.

## MINOR INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Is the minor currently taking medication: Y N If so, please list the drug(s), dosage, and frequency needed \_\_\_\_\_

\_\_\_\_\_ List any known allergies: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Full Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Special Medical Conditions: \_\_\_\_\_

## PHYSICIAN/INSURANCE INFORMATION

Physician Name: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_

Primary Group Policy #: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Minor, \_\_\_\_\_, has my permission to participate in events, activities, and travel sponsored by NYHA for 2018. I approve of the leaders who will be in charge of these programs. I recognize that the leaders are serving to the best of their abilities and in the best interest of the juniors involved. I certify that the minor has full medical insurance with the insurance company listed above. I also certify to the best of my knowledge that the minor named hereon is physically fit to engage in the activities described above.

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

## REGARDING MINORS NOT ACCOMPANIED BY A PARENT OR LEGAL GUARDIAN:

If, during the course of my son/daughter's activities in NYHA events, he/she should become ill or sustain injury:

Please check the appropriate box: I DO authorize Club Leader to obtain emergency medical or dental care.

I DO NOT authorize Club Leader to obtain emergency medical or dental care.

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

## 2018 Jr. Convention Schedule

### Saturday, January 13

7:30 AM Registration Opens  
8:00-9:30 AM All-NY Breakfast  
10:00 AM Dairy Jeopardy  
10:00 AM Speech Contest  
Lunch on your own  
1:00 PM DJM Interviews  
3:00-4:00 PM Dairy Bowl Written Exam  
4:00-5:00 PM Annual Meeting Part I  
6:00 PM Dinner  
7:30 PM Activity Night

### Sunday, January 14

7:00-9:00 AM Breakfast Buffet  
8:00 AM- 4:00 PM Dairy Bowl  
1:00 PM-2:00 PM Production Awards Luncheon  
5:00-6:00 PM Dairy Bowl Finals  
6:00-8:00 PM Junior Awards Banquet  
9:00-Midnight Junior Dance  
9:00 PM Junior Advisor Forum

### Monday, January 15

8:00-10:00 AM DJM Awards Breakfast  
10 AM-Noon Annual Meeting Part II