

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

Special Medical Conditions: _____

Full Name: _____

PHYSICIAN/INSURANCE INFORMATION

Complete Address: _____

Physician Name: _____

Physician Phone: _____

Home Phone: _____

Insurance Co.: _____

Work Phone: _____

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: _____