

MEDICAL RELEASE FORM - Summit Reformed Youth Conference

Full Name: _____

(M/F) _____ Birthdate _____ Age _____

Full Address (incl postal/zip code): _____

Emergency Contact Information:

Parent/Guardian Legal Name: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Second Contact & relationship to you: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Medical Information: Healthcare Number: _____

please bring your actual healthcare card or a photo of it with you to Summit. Mandatory to carry on person for off campus outings

Supplemental Insurance name/group/policy number: _____

Insured Policy Holder's Name (Adult): _____

anyone travelling from out of province/country is **strongly recommended to have travel insurance & bring it with you to Summit**

LIST ANY ALLERGIES medication & food: _____

Medical Conditions/Limitations (Asthma, diabetes, rare blood type, recent injuries, etc.) & special instructions: _____

List all medications you take on a regular basis and/or any you bring with you to Summit (all prescription meds must have a pharmacy label & name of doctor): _____

***Permission Agreement*:** If I am unconscious or the emergency contact cannot be reached in the event of an emergency, I hereby give permission for the staff of the Summit Reformed Youth Conference to call 911 and secure proper medical treatment for myself or the minor named above.

Signed: _____

If under 18 parent/guardian name for registrant: _____

Date: _____