

CENTRAL DISTRICT CONFERENCE
Annual Meeting June 21-23, 2018
College Mennonite Church

Medical Release Form

Child's Name _____ Age _____

PARENT INFORMATION

Parent/Guardian _____ Phone (c) _____ (H) _____ (W) _____

Email _____

Emergency Contact _____ Phone (c) _____ (H) _____ (W) _____

Email _____

HEALTH INFORMATION

Allergies

Does your child have any allergies? ☐ Yes ☐ No

If yes, List:

Please explain symptoms/treatment needed:

Asthma

Does your child ever experience symptoms of asthma? ☐ Yes ☐ No

If yes, explain usual symptoms and any treatment needed:

Medication

Does your child require prescribed medication? ☐ Yes ☐ No

List medications and dosages:

Health Concerns/Physical Impairments

Please note any physical impairments, health concerns, special accommodations, etc. needed for your child.

I give the caregiver(s) permission to provide first aid and/or carry out any of the above procedures needed during the hours my child is in their care. In the event of serious illness or injury, I also authorize caregivers to transport my child to the nearest medical facility for treatment, or call the ambulance if it is deemed necessary. I understand that any financial responsibility for emergency treatment/transportation is the responsibility of the parent/guardian.

Parent/Guardian Signature

Date

Caregivers: Please keep completed on file while at the conference site.