

# YOUTHFEST MEDICAL INFORMATION & LIABILITY RELEASE

**Please PRINT and complete all areas.**

Participant's name \_\_\_\_\_ Birth Date \_\_\_\_\_  
*First Initial Last*

Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
*Street City*  
\_\_\_\_\_ Cell Phone \_\_\_\_\_  
*State Zip*

**EMERGENCY TELEPHONE NUMBERS:**

In case of an emergency during this event, please notify:

Parent/Legal Guardian: \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**MEDICAL INSURANCE CARRIER:**

Name of insured member: \_\_\_\_\_

Name of insurance company: \_\_\_\_\_

Group Number \_\_\_\_\_ Policy Number: \_\_\_\_\_

**MEDICAL INFORMATION:**

- Date of last tetanus shot: \_\_\_\_\_
- Child's physician's name \_\_\_\_\_ Phone \_\_\_\_\_
- Allergies, conditions, chronic ailments, dietary restrictions, special needs, medical concerns of which we should be aware.

Food \_\_\_\_\_

Medications \_\_\_\_\_

Animal \_\_\_\_\_

Other: Please specify all medical conditions of which we should be aware, such as asthma, Diabetes, heart condition, high blood pressure, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- My child requires the following medicine: \_\_\_\_\_  
Frequency and dosage \_\_\_\_\_
- My child has permission to be given Tylenol or Ibuprofen if he/she requests it.  
\_\_\_\_\_ Yes \_\_\_\_\_ No

