

MEDICAL RELEASE FORM

NATIONAL HAPPENING LEADERSHIP CONFERENCE

Name and Birth date: _____ DOB ____ / ____ / ____

Diocese of _____

List of medications to be taken while attending the National Happening Leadership Conference. (Please attach a list if additional room is needed) All prescription medication must be properly labeled in its original pharmacy container. Over the counter medication must also have the youth's name written clearly on the container.

Parent/Guardian Emergency Contact
 Name(s) _____
 Home Phone _____
 Work Phone(s) _____

 Cell Phone(s) _____

NAME OF MEDICATION	DOSE	WHEN TAKEN

Medical Conditions _____

Food/Drug Allergies _____

I understand that except for rescue inhalers, all youth medications will be secured by the event nurse for the duration of the event and made available for my child to take when scheduled.

Signature of Parent or Guardian _____ Date _____

The following medication will be available for your child to take with your permission. I, the parent/guardian of _____ give permission for my child to use:

	YES	NO		YES	NO
Cough Drops			Benadryl		
Tylenol			Immodium AD		
Motrin / Advil			Neosporin		
Mylanta / Pepcid			Ivy Dry / Calamine		

Please check yes or no for each of the listed medications

By my signature of this form, I give permission for all licensed medical and emergency personnel to treat my child, _____, for illness or injury experienced during The National Happening Leadership Conference. I give permission for event staff, in my absence, to authorize medical or emergency treatment for my minor child and to pass on to medical or emergency providers the insurance and medical information provided on these forms.

Medical Insurance Co. _____

ID# _____ Group # _____

Primary MD Name _____ Phone # _____

Signature of Parent or Guardian _____ Date _____