

Medical Release Form

Submit a Medical Release form for each child under 18

Optional for adults.

(Please make a copy for each individual)

I give permission for my child named below to participate in the Illinois Yearly Meeting Children's Sessions or High School Program and to participate in all planned program activities, both on and off campus. I hereby release Illinois Yearly Meeting, its staff, and volunteers from liability for any injury or illness that my child may experience during Yearly Meeting Annual Sessions. In the event of an emergency, I hereby authorize Yearly Meeting organizers, or the below-named sponsor, to consent to any medical or surgical care advised by licensed health care providers. I hereby release Illinois Yearly Meeting from any liability, legal or financial, for emergency care provided to my child. I expect to be informed of emergency care as soon as possible.

(Child's) Name _____ Birthdate _____

Activity restrictions _____

Known allergies _____

Date of last tetanus immunization _____

In event of emergency, please call:

Name _____ Phone _____

Name of insurance company _____ Policy number _____

Parent's signature _____ Date _____

(Please attach a copy of your insurance card)

SPONSOR INFORMATION

(Required for those under 18 attending without their parents.)

It is understood that the sponsor acts "in loco parentis."

Sponsor's name _____ Meeting _____

Parent's signature _____