

# 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)

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## 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 \_\_\_\_\_

**CHILDREN'S SESSIONS REGISTRATION** (additional registration forms and medical release forms available at [ilym.org/2026AnnualSessions](http://ilym.org/2026AnnualSessions))

*Please submit the following information and a medical release form for each child under high school age.*

Child's Name: \_\_\_\_\_

Parent's/Sponsor's Name: \_\_\_\_\_ Parent's/Sponsor's Phone: \_\_\_\_\_

Child's Pronouns: \_\_\_\_\_ Child's Age: \_\_\_\_\_ Child's Grade (Entering in Fall): \_\_\_\_\_

Allergies: \_\_\_\_\_ Meeting/Organization: \_\_\_\_\_

- 1) **Children's Age Group:** Please circle which age group the child will be attending:
- |  |                                    |                                  |
|--|------------------------------------|----------------------------------|
| Baby Sitter & Childcare (under the age of 3 years) | Preschool Children (3–5-year-olds) | Primary Children (6–7-year-olds) |
| Intermediate Children (8–10-year-olds)             | Middle School (10–13-year-olds)    |                                  |

- 2) **Children's Session Schedule:** Please circle which sessions the child will be attending:
- |  |               |                |               |                          |
|--|---------------|----------------|---------------|--------------------------|
| Morning (8:45 am-noon):                            | Thur Morning  | Fri Morning    | Sat Morning   | Sun Morning (8:15-12:15) |
| Afternoon (3:00-5:30 pm):                          | Wed Afternoon | Thur Afternoon | Fri Afternoon | Sat Afternoon            |
| Evening (7:15-9:00 pm): {Wed Eve babysitting only} | Thur Evening  |                | Sat Evening   |                          |
- Notes: Parents are expected to sign thier children in and out Children Session's programs  
Morning sessions are age-divided religious education classes with teachers, Afternoon and evening sessions are all-ages supervised activities/programs*

- 3) Does your child know how to swim? \_\_\_\_\_
- 4) What interests and knowledge does your child bring to a group?
- 5) Please share anything specific we should know about your child. How can we best support them during our time together?