

Delaware River Watershed Education Youth Eco-Leadership Summit

April 20 –22, 2008 at the Freedoms Foundation, Valley Forge, PA

***Medical Information and Release***

Name of Student \_\_\_\_\_ Age \_\_\_\_\_ Circle one M/ F

School \_\_\_\_\_

Teacher \_\_\_\_\_

Parent/ Guardian Name \_\_\_\_\_

Phone (day) \_\_\_\_\_ Phone (night) \_\_\_\_\_

**Emergency Contact Information:**

Name \_\_\_\_\_

Phone \_\_\_\_\_

**Medical Information:**

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_ Group I.D. \_\_\_\_\_

Physician \_\_\_\_\_

Phone \_\_\_\_\_

1. Please list (with dates) any major illness or injury your child has had in the past year. \_\_\_\_\_

2. Date of last Tetanus Shot \_\_\_\_\_

3. **Allergies** \_\_\_\_\_

4. Please list any accommodations necessary for your child to participate (include physical, dietary needs, etc.) \_\_\_\_\_

5. Please list **all** medications your child is currently taking (administration of medications will be the responsibility of student unless noted) \_\_\_\_\_

The policy of the Youth Eco Leadership Summit Committee is to contact the parent or legal guardian before taking a student to a doctor or hospital for treatment of an illness or injury. In case of emergency, or when the parent/ guardian or emergency contact cannot be reached, the following permission will allow treatment to be provided.

**In case of emergency, your child will be transported to the nearest hospital. Should it be required, I hereby give permission to the hospital and/or a licensed physician to perform emergency treatment as is deemed necessary.**

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_