

Follow Me ~~Pilgrimage~~ -- Medical Release Form High School Participant

Participant Name: _____

Primary Physician: _____

Physician Phone Number: _____

IMMUNIZATION RECORD (give latest dates)

IPV or OPV _____ DTP/DTaP series _____

MMR _____ Varicella _____

HiB series _____ Hepatitis _____

Other _____

Please use the space below to fill in the necessary medical information.

Medical Conditions:

Allergies (outdoor/indoor, food, medications):

Prescribed Medications or over the counter-Pharmaceuticals and dosage (Including for allergies such as Epi-pen, inhaler, etc):

Please list any dietary restrictions:

Medication Administration (please check one)

_____ My child is able to self-administer any medications prescribed to him/her.

_____ I, or (in my absence) my child's chaperone/temporary guardian, will administer all medications prescribed to him/her.

Parent/Guardian Signature: _____ **Date:** _____

INSURANCE INFORMATION

Name of Insurance Company _____

Issued under the name _____ Group Policy Number _____

Policy Number/s _____ Date of Policy _____

Youth Social Security Number or Passport ID # _____

Name of person/s to be contacted in the event of an emergency:

Name: _____

Relationship: _____ Phone: _____

This health record is correct to the best of my knowledge. Therefore, youth, who is registered here has permission to engage in all Pilgrimage activities except as noted on this form. In the event of an emergency, I hereby give permission to the physician and/or hospital, which is selected by the Pilgrimage administration to hospitalize, secure proper medical treatment for and to order injections, anesthesia, and/or surgery for the above named youth. As the parent/guardian, I will assume all financial responsibilities if hospitalization and/or medical treatment is required during the Follow Me Pilgrimage.

My child understands that No medications, including over-the-counter, may be shared with other pilgrimage attendees. If anyone needs medical attention during the Sobor, please see a staff member.

Parents/Guardian Name: _____ **Signature:** _____ **Date:** _____

All Forms and Applicable Fees should brought with the participant to the event.