



2018 ROTARY YOUTH LEADERSHIP AWARD CONFERENCE **MEDICAL RELEASE FORM**

REQUIRED - TYPE ONLY

This form must be downloaded and typed in on the computer with the exception of the Physician Authorization section and the required signatures.

(See instructions on page 9-A. Complete this form only if you have received approval by the sponsoring Rotary Club)

Sponsor Rotary Club: _____

Conferee's Name: _____

Address: _____, NJ, _____

PHYSICIAN AUTHORIZATION

Physician to complete in it's entirety.
Put N/A if not applicable.

I have reviewed the medical history of the conferee named above and find him/her to be free of communicable disease. He/she has no physical defect that would limit his/her participation in a residential seminar program including strenuous physical activities except as follows:

Special instructions concerning diet, medicine, or activities are:

It is recommended that conferee have up-to-date tetanus and polio immunization.

Date of last tetanus booster was: _____

Signature of Doctor: _____ Date: _____

Doctor's Name: _____

Address: _____

Phone: _____

STAMP

PARENTAL AUTHORIZATION

I/we give our consent for our son/daughter named above to participate in the Rotary Youth Leadership Award Conference in June and do hereby release Rotary District #7640 and the local Rotary Club from all liability.

I/we have reviewed the above Medical Release Form and believe it is correct. I/we have no other medical information to add.

In case of emergency, I/we hereby give permission to the physician selected by the Conference Staff to secure and provide whatever health service is determined necessary for our child's health.

Is there health or accident insurance protecting the conferee? Yes No

If yes, please complete:

Nature of health/accident coverage: _____

Company: _____

Policy No.: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____

Address: _____

Phone: _____

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