

**MEDICAL RELEASE FORM**  
**SOUTHERN APPALACHIAN YOUNG FRIENDS (SAYF)**

Young Friend: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #s during the retreat (home, Work, cell): \_\_\_\_\_

Emergency number (and name) if parent cannot be reached: \_\_\_\_\_

I give permission for my minor child to attend Southern Appalachian Young Friends retreats. In the event of an emergency, I authorize the adult leaders of SAYF to act for me to make any and all decisions for me concerning the medical treatment or hospitalization of my minor child; to consent to any X-Ray examination; medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in a hospital. I specifically request that an adult leader accompany my child during any evaluation and treatment to the same extent as I would as a parent and guardian unless my child requests otherwise for reason of privacy. I expect to be contacted as soon as possible. I absolve the adult leaders from personal liability arising from the exercise of such authority, including any and all costs, expenses, and charges for medical or hospital care provided by or received from whomsoever, and costs of transportation related thereto. I affirm that the following insurance and medical information is complete and correct.

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date** \_\_\_\_\_

Insurance & Doctor Info:

Company name & address: _____
_____
Phone number _____ Policy number _____ Policyholder: _____
Family doctor (and phone #): _____

Current prescriptions (please keep us up-to-date!): \_\_\_\_\_

Current medical or psychological conditions, allergies, etc \_\_\_\_\_

Other information that adult leaders and/or emergency room physician should know: \_\_\_\_\_

**PLEASE DONT FORGET TO FILL OUT PAGE 2 OF THIS FORM!**

