

Monthly Meeting _____

**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.

All participants of SAYF retreats, young Friends and adults are required to have been fully vaccinated prior to attendance. Full vaccination is considered: 2 weeks after a second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or 2 weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine.

I hereby affirm that my minor child attending SAYF has been fully vaccinated against Covid-19.

Signature of Parent or Guardian: _____ Date _____

Insurance 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!

Young Friend's Name _____

Dietary Needs:

Vegetarian Vegan Gluten-free Dairy-free Other _____

There may be times when your child suffers from mild symptoms that can be treated with simple over-the-counter medications that we have available in our first aid kit.

If you give permission for your child to receive the following medications, check the yes column. If that column is not checked, then permission is not given.

- Yes: ___ Acetaminophen (Tylenol)
- Yes: ___ Ibuprofen (Motrin)
- Yes: ___ Antihistamine (Benadryl)
- Yes: ___ Pseudoephedrine for colds
- Yes: ___ Combined Sudafed & antihistamine (Actifed)
- Yes: ___ Arnica (homeopathic)
- Yes: ___ Emetrol for nausea
- Yes: ___ Mylanta, Pepcid AC, Tums
- Yes: ___ Pink bismuth (Pepto Bismol)
- Yes: ___ Topical antibiotic ointment
- Yes: ___ Calamine Lotion
- Yes: ___ Nasal Spray (oxymetazone) Yes: ___ Anti-itch Cream (hydrocortisone with pramoxin antiseptic)
- Yes: ___ Epi-Pen, for anaphylactic reactions: only in severe emergencies, and followed by mandatory evaluation in Emergency Dept.

Time & Date Given
(for use by retreat FAN)

Information on Tetanus Shots

Date last shot: Don't know ___ Less than 5 years ___ 5 -10 years: ___ Over 10 years _____

Is your child is allergic to tetanus: ___ yes ___ no _____ If there is an accident for which a tetanus shot is recommended, may we authorize it? Yes ___

Does your child have asthma? Yes ___ No ___ If yes, please answer the following questions:

Does your child use a daily medication? If yes, please list the medication(s) and the dosage(s):

How often does he/she experience an asthma attack? _____

Has your child ever been hospitalized because of asthma? _____

Is your child able to recognize and treat the onset of an attack? _____

Can your child recognize when the attack is severe and requires medical attention? _____

How should we respond to a breathing problem with your child?
