

Children under 18 years old must have the Medical History and Medical Release Forms completed to participate in any of the children's programs.

Medical Release Form

I give the Baltimore Yearly Meeting staff and its volunteers permission to obtain emergency help for me or my child(ren) named on this form and I hereby release the Baltimore Yearly Meeting, its staff, and volunteers from liability for any injury or illness that I or my child(ren) may sustain during the 2004 Annual Session. I will be responsible for costs incurred for any medical treatment. In the event that I or my child(ren) need(s) special medications and cannot administer them, I give my permission for an adult staff or volunteer to administer the medications. (Each child must have a separate form, please photocopy or download from www.bym-rsf.org/Interchange/annualsession/)

Child's Name: _____

Parent's Signature: _____ Date: _____

Print Parent's Name: _____

EMERGENCY CONTACTS:

Name: _____ Phone: _____

Name: _____ Phone: _____

Medical History and Information

Present Medications: _____

Medical History (if relevant): _____

Food or Drug Allergies: _____

Date of Last Tetanus Shot: _____ Insurance Co.: _____

Policyholder's Name: _____ Policyholder's DOB: _____

Policy #: _____ If an HMO, Phone #: _____

Family Doctor: _____ Phone: _____

Letter of Understanding (For Young Friends Only)

We have read the Letter of Understanding, agree with the sense of our responsibilities, and agree to these responsibilities.

Sign and Print Name: _____ Date: _____

Young Friend _____

Parent/Guardian: _____

Sponsor: _____