

# Medical Release Form

Please Initial each of the following statements:

\_\_\_\_\_ I hereby warrant that, to the best of my knowledge, my child's health will allow him or her to participate in this pilgrimage, including the physical demands of walking. I assume all responsibility for the health of my child.

\_\_\_\_\_ Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

\_\_\_\_\_ I also authorize the chaperones to dispense to my child any of the following as needed:

- |  |                                    |  |
|--|------------------------------------|--|
| <input type="checkbox"/> Acetaminophen | <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Dramamine     |
| <input type="checkbox"/> Imodium       | <input type="checkbox"/> Benadryl  | <input type="checkbox"/> Robitussin DM |

\_\_\_\_\_ If my child needs any other medications, including prescription or over the counter pills, I will give those to the group director at the beginning of the trip, and these medications will be appropriately labeled with prescription information, dosage and frequency of dosage.

\_\_\_\_\_ Attached to this page is a copy of my health insurance card.

The medicines brought by my child on the trip include (write names of medicines, dosage, frequency, and directions for use):

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Please identify any current medical conditions that may affect your child's participation in the trip:

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Please provide three emergency contacts:

Name and relation _____	Cell _____
Name and relation _____	Cell _____
Name and relation _____	Cell _____