

PARENT/GUARDIAN'S CONSENT AND MEDICAL RELEASE FORM

I, _____(parent/guardian name) am the parent or legal guardian of _____(youth name). I give my consent for him/her to attend *the DRUUMM Conference, November 9-11, 2007 in Denver, CO* hereafter known as the Event. I give my consent and authority for the Event staff or designated adult to take action to help insure the safety, health and welfare of my son/daughter/ward. I understand that if s/he breaks any federal/state/provincial or local laws, or fails to abide by the conference guidelines listed in the registration form, s/he will be asked to leave the Event and I will be informed. I also request and empower the Event staff to authorize medical personnel and hospitals to provide all medical care, including but not limited to hospital tests, emergency surgical care, pathology, radiology and anesthesia, surgery and prescriptive drugs for the health of my child.

The child covered by this authorization is:

Full Name _____ Age: _____
Parent/Legal Guardian _____
Home Address _____
City/State/Zip _____
Home Phone _____
Business Phone _____
Cell Phone _____

Emergency Contact during the Event (Nov 9-11):

Name _____
Day Phone _____
Evening Phone _____

Medical / Health Problems:

Allergies _____
Asthma/Respiratory _____
Vision/Hearing _____
Surgery _____
Heart Problems _____
Diabetes _____
Seizures _____
ADD _____
Headaches _____
Stomach _____
Broken Bones _____
Other _____

Individuals not immunized due to religious objection must submit a written and signed statement from parent/guardian stating objection to their child's immunization due to religious beliefs. Youth not immunized due to medical exemption must submit a statement signed by a physician.

Health Care Information:

Name of Dentist/Orthodontist _____
Phone _____
Name of Doctor _____
Phone _____

Do you carry family medical/hospital Insurance?

yes no

Name of parent/person with insurance policy _____

Health Insurance Agency Name _____

Policy # _____

Group # _____

Medications currently taking:

Is your child under the care of a physician for:

Epilepsy? yes no Diabetes? yes no

Other _____

The Undersigned, on his/her own behalf, and on behalf of her/his minor child/ward, does hereby RELEASE, discharge and covenant to hold harmless the Unitarian Universalist Association, DRUUMM, its officers, employees and volunteers, from any and all claims, causes of action, and liability of any kind or nature, including personal injuries or death, or in any way arising out of, directly or indirectly, the child's / ward's attendance or participation in the Event.

Parent/Guardian's Signature _____ **Date** _____