

PARENTAL RELEASE FOR MEDICAL EMERGENCY

This form completed in its entirety is very important.

NOTE: This form is for Jr. & Sr. High Yearly Meeting participants only. Children attending Tilikum will receive a seperate parental release form

Name _____
Any medical problems _____ Birthdate _____
Date of last Tetanus _____
Takes following medications: _____
Allergies (including medications): _____

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Any medical problems _____ Birthdate _____
Date of last Tetanus _____
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Allergies (including medications): _____

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Any medical problems _____ Birthdate _____
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Takes following medications: _____
Allergies (including medications): _____

Family Physician _____ Phone _____
Physician's address _____
Medical Insurance Carrier _____ Policy # _____
Address _____

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the youth superintendent and/or Youth Yearly Meeting counselor to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child(ren) listed above.

Date _____ Signature of Parent/Guardian _____
Phones: Home(_____) _____ Work(_____) _____ Cell(_____) _____
Home address _____

Please mail registration (included with parent's registration), to:
Northwest Yearly Meeting of Friends Church
200 N. Meridian Street
Newberg, OR 97132-2714