

MEDICAL RELEASE FORM – EPISCOPAL DIOCESE OF NEW JERSEY

Youth's Name and Birthdate: _____

The following is a list of medications that my child, _____, will need to take while attending _____.
(Please attach a list if additional room is needed.) All prescription medication must be properly labeled in its original pharmacy container. Over the counter medication must also have the youth's name written clearly on the container.

Parent/Guardian Emergency Contact

Name(s) _____
Home Phone _____
Work Phone(s) _____
Cell Phone(s) _____

NAME OF MEDICATION

DOSE

WHEN TAKEN

Medical Conditions _____

Food/Drug Allergies _____

I understand that, except for rescue inhalers and EpiPens, all youth medications will be secured by the event nurse for the duration of the event and made available for my child to take when scheduled.

Signature of Parent or Guardian

Date

The following medication will be available for your child to take with your permission. I, the parent/guardian of _____ give permission for my child to take:

Cough Drops	Yes _____	No _____
Tylenol	Yes _____	No _____
Motrin	Yes _____	No _____
Mylanta/Titrilac	Yes _____	No _____
Benadryl	Yes _____	No _____
Imodium A-D	Yes _____	No _____

Please check yes or no for each of the listed medications.

Signature of Parent or Guardian

Date

By my signature of this form, I give permission for all licensed medical and emergency personnel to treat my child, _____, for illness or injury experienced during Diocese of New Jersey Youth Events. I give permission for event staff, in my absence, to authorize medical or emergency treatment for my minor child and to pass on to medical or emergency providers the insurance and medical information provided on these forms.

Medical Insurance Co. _____
ID# _____ Group # _____
Primary MD Name _____ Phone # _____

Signature of Parent or Guardian

Date