

Medical Release Form For all F.U.N. Participants

Send a Medical Release form for each child under 18.

(Please make a copy for each child.)

I give permission for my child named below to participate in the Illinois Yearly Meeting Young Friends Program and to participate in all planned program activities, both on and off campus. I hereby release Illinois Yearly Meeting, its staff and volunteers, from liability for any injury or illness that my child may experience during the Yearly Meeting. In the event of an emergency, I hereby authorize Yearly Meeting organizers, or the below-named sponsor, to consent to any medical or surgical care advised by license health care providers. I hereby release Illinois Yearly Meeting from any liability, legal or financial, for emergency care provided to my child. I expect to be informed as soon as possible.

Child's Name _____ Birthdate _____

Activity restrictions _____

Known allergies _____

Date of last tetanus immunization _____

In event of emergency, please call:

Name _____

Phone _____

Name of insurance company _____

Policy number _____

Parent signature _____ **Date** _____

(Please attach a copy of your insurance card)

SPONSOR INFORMATION

(Required for those under 18 not attending with parents.)

Sponsor's name _____

Meeting _____

It is understood that the sponsor acts "in loco parentis."

Parent signature _____