

Screamin' Eagle Outfitters

MEDICAL RELEASE FORM

Participant's Name: _____ Age _____ Birth Date: ____/____/____
Home Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Email: _____

PERSON TO NOTIFY

(If Different Phone # From Youth) (Cellular Phone #)
Father: _____ # _____ # _____
Mother: _____ # _____ # _____
Father's Employer & Phone: _____ # _____
Mother's Employer & Phone: _____ # _____
Other: _____ # _____

MEDICAL INFORMATION

Date of Participant's Last Tetanus Shot: _____
Participant's Physician and Phone: _____ # _____
Participant's Dentist and Phone: _____ # _____
Allergic to any Medicines? ___ Yes ___ No If so what: _____
Allergic to any Foods? ___ Yes ___ No If so what: _____
List of other Allergies: _____
General Medical History: _____
Currently on any prescription medication? ___ Yes ___ NO (If yes please fill out accompanying Medicine dispense chart)
If so what: _____
Additional Comments: (please add all other health information we may need to properly care for the participant. Attach additional sheets if needed.)

INSURANCE INFORMATION

Insurance Company or Group: _____
Policy #: _____ Phone #: _____
Group #: _____

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event that I am unavailable for purposes of providing parental consent, I, the undersigned parent, guardian or adult camper/staffer do hereby authorize adult workers with Screamin' Eagle Outfitters, of Hendersonville, North Carolina, to consent to any examination, x-ray, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon on the medical staff of a hospital or other medical center for the camper that is listed on this form or myself. I hereby authorize the physician (s) and staff of a hospital or other medical facility to provide such medical care that includes diagnostic procedures and medical treatment as necessary to my minor son or daughter while participating with Screamin' Eagle Outfitters. I, the undersigned, do hereby verify that all information is correct and I do hereby release all members, employees and agents of Screamin' Eagle Outfitters from any and all claims, demands, actions or cause of action, past, present, or future arising from and damage or injury while participating with Screamin' Eagle Outfitters in any activity on or off their premises, including outings and trips.
This form shall be valid for one year from the date listed below.

Dated this ____ day of _____, Year _____, State of _____

I reside in the County of _____

Signature of parent or guardian or adult camper/staffer: _____

Relation: _____