

**MEDICAL CONDITIONS, MEDICATIONS, ALLERGIES, AND SPECIAL DIETARY NEEDS**

*(If the section does not apply, please note n/a or none)*

Name:

Date of last tetanus shot:

Family Doctor:

Doctor's Phone (include area code):

Insurance Carrier:

Ins. #:

Ins. Phone #:

**MEDICAL CONDITIONS AND MEDICATIONS**

*(Medical information is only viewed by Adult supervisor and Medical Services)*

Medical Conditions:

Current Prescription Medications: *(All Prescription medications need to be in original container/s and checked with the Adult supervisor)*

Medication:

Times Taken & Dosage:

Reason Taken:

Medication Allergies:

Over the Counter medications that SHOULD NOT be taken:

**SPECIAL DIETARY NEEDS**

Food Allergies:

Food:

Reactions:

Ways to stop symptoms:

**OTHER ALLERGIES**

Other Allergies – please describe:

Instructions:

**NOTES**

**PARENT SIGNATURE REQUIRED FOR ALL MINORS ATTENDING  
(PLEASE REVIEW, SIGN, AND DATE)**

I, the undersigned parent or guardian, consent to my child (children's) participation in the Teen and College event held August 10<sup>th</sup> through the 12<sup>th</sup> of 2018. I affirm my child's health is good, and that he/she is not under a physician's care for any undisclosed condition that might endanger his/her health or that of other participants. I recognize the inherent risk of injury from any activity. Further, authorization is given in advance for any adult associated with the Teen and College event to consent to any Doctor recommended medical or surgical diagnosis, treatment, and or hospitalization which is deemed necessary for the duration of the weekend (August 10-12, 2018). I also agree to be financially responsible for all said treatment. I acknowledge that said Adult supervision in association with the Teen and College event are not responsible for transit to and from the event location and activities.

I have read and understand this agreement. With my signature, I affirm that all information included in these forms is correct.

Parent Signature:

Date:

**REGISTRAR USE ONLY: DATE RCVD**

**QUESTIONS? (650) 888-9255 TIM BORMANN**