



MEDICAL & PHOTO RELEASE FORM

STUDENT NAME: Last First Middle Initial

AGE: Birth Date (month/date/year) Current Grade

PARENT/GUARDIAN'S NAME:

Street Address Apt. No. City State Zip Code Country

Home Phone Cell Phone Email:

If parent/guardian are not available, please contact:

Emergency Name: Phone: Cell:

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MEDICAL HISTORY (Attach a recent copy of your child's immunization records)

Doctor's name: Phone:

Medical Insurance Company: Policy #:

List allergies to any foods or medication:

Please list any medical problems, including the diagnosis:

Is your child currently on any medication, including inhalers? Yes _____ No _____

If yes, name of medication _____

If yes, does the medication need to be taken during program hours? Yes ____ No ____

If yes, written permission from a parent or guardian must accompany the medication, which must be self-administered.

EMERGENCY RELEASE:

I give permission, in the event of an emergency, for first aid to be administered to my child, and should it be necessary, for emergency medical treatment, which may include transportation by ambulance to the nearest hospital. I understand that every effort will be made to contact me.

Parent/Guardian Signature _____ Date _____

PROGRAM AND PHOTO RELEASE:

I give my permission for my child to participate in all program activities. The At the Well Young Women's Leadership Academy includes field trips and weekend activities. If there are any known activities for which your child cannot participate, please list them here: _____

I further give permission to allow my child's photographs and/or videotapes to be taken during this program, and that they may be published and used by At The Well Conferences, Inc. to promote its programs.

Parent/Guardian Signature _____ Date _____