



## 2020 MEDICAL RELEASE FORM

***This form must be downloaded and completed on the computer with the exception of the Physician Authorization section and the required signatures.***

Sponsor Rotary Club: \_\_\_\_\_

Conferee's Name: \_\_\_\_\_

Address: \_\_\_\_\_, NJ, \_\_\_\_\_

**Physician to complete in its entirety. Put N/A if not applicable.**

### PHYSICIAN AUTHORIZATION

I have reviewed the medical history of the conferee named above and find this patient to be free of communicable disease. This patient has no physical defect that would limit their participation in a residential seminar program including strenuous physical activities except as follows:

\_\_\_\_\_

Special instructions/concerns that we should know about your patient who will be sharing a room with one or more students:

\_\_\_\_\_

It is recommended that this conferee have up-to-date tetanus and polio immunization.

Date of last tetanus booster was: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Doctor:

\_\_\_\_\_

Name of Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

STAMP



## 2020 MEDICAL RELEASE FORM

Conferee's Name: \_\_\_\_\_

### PARENTAL AUTHORIZATION

I/we give our consent for our child named above to participate in the Rotary Youth Leadership Award Conference in June and do hereby release Rotary District 7505, the local Rotary Club, and its Staff and Volunteers from all liability.

I/we have reviewed the above Medical Release Form and believe it is accurate. I/we have no other medical information to add.

In case of emergency, I/we hereby give permission to the physician selected by the Conference Staff to secure and provide whatever health service is determined necessary for our child's health.

☐ Yes ☐ No

Is there health or accident insurance protecting the conferee?

☐ Yes ☐ No

If yes, please **TYPE** to complete:

Nature of health/accident coverage: \_\_\_\_\_

Company: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Phone: \_\_\_\_\_

Conferee's Name: \_\_\_\_\_

Conferee's Signature: \_\_\_\_\_

**Both pages to be submitted at the Parent/Guardian/Student Mandatory Meeting**