

QUEST MEDICAL RELEASE FORM

The form must be signed by a parent or guardian for youth 18 and under. The form should be turned into the adult leaders of the church with whom the participant is attending Quest.

PERSONAL INFORMATION				
Full Name:		Date of Birth:	Summer Group is attending Quest: _____ Grade entering in FOLLOWING fall: _____	
Address:			Male _____	Female _____
Full Name of Parent or Guardian:		Parent/Guardian Home Phone:	Parent/Guardian Cell Phone:	Parent/Guardian Work Phone:
Leader's Name:		Church Name:		
EMERGENCY CONTACTS				
In case of emergency, we will contact the parent/guardian listed above. List backups below.				
NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE
Family Physician:		Family Physician's Phone:		
MEDICAL CONDITIONS				
1.	2.	3.		
4.	5.	6.		
INSURANCE INFORMATION				
Insurance Company:				
Policy ID #:		Insurance pre-approval required? ___ Yes ___ No		
Effective Date:		Member Services Phone #:		

ALLERGIES TO MEDICATIONS, FOOD AND ENVIRONMENT			
MEDICATIONS		REACTION	
FOOD			
ENVIRONMENT			
CURRENT MEDICATION REGIMEN All medications, prescription and over-the-counter, are kept in the nurse's office at Carroll Youth Center. Medications are returned prior to departure. Bee sting kits and inhalers can be kept in the possession of youth. This is in accordance with the State of Wisconsin health care regulations for camps. <u>Prescription medications must be kept in original containers.</u> This is necessary to assure that the proper dose and information about the medication is readily available for the staff nurse.			
MEDICATION	DOSAGE	FREQUENCY	CONDITION/SPECIAL NOTES
IMMUNIZATIONS		LAST ILLNESS	
<input type="checkbox"/> Diphtheria		<input type="checkbox"/> Chicken Pox	
<input type="checkbox"/> MMR		<input type="checkbox"/> Ear Infection	
<input type="checkbox"/> Polio		<input type="checkbox"/> Measles	
<input type="checkbox"/> Tetanus		<input type="checkbox"/> Mumps	
<input type="checkbox"/> Date of last tetanus shot:		<input type="checkbox"/> Scarlet Fever	
<input type="checkbox"/> Whooping Cough		<input type="checkbox"/> Whooping Cough	
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	
MEDICAL RELEASE			
<p>This medical release form is complete and accurate to the best of my knowledge. I give permission to Green Lake Conference Center's nurse to provide care, administer medications deemed necessary and authorize transportation to a medical facility. In the event that I cannot be contacted, I give permission for the physician and medical facility to secure and administer treatment, including hospitalization, injections, anesthesia or surgery as deemed appropriate. I also authorize the release of medical records to the attending physician and conference center nurse to assist in the care of my child. I release Green Lake Conference Center and staff from liability in the unlikely event of an accident during normal Quest activities.</p>			
Signature_____		Date_____/_____/_____	