

**Medical Release and Sponsor Form**

Children and teens under the age of 18 who attend Willamette Quarterly Meeting (WQM) without a parent or guardian MUST complete this form and **bring it with you**. Give it to your sponsor, your driver, or your Junior Friends Advisor.

Minor's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Adult Sponsor's Name: \_\_\_\_\_ Meeting: \_\_\_\_\_

**For Parent:**

I give my child permission to attend WQM at Multnomah Friends Meetinghouse in Portland, Oregon on May 5-7, 2017 under the care of the adult sponsor(s) listed above.

**Parent's Name** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Sponsor:**

I agree to assume responsibility for the above named minor during the dates listed.

**Sponsor's Name** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Emergency Medical Treatment Authorization**

The undersigned parent/legal guardian of the above named minor hereby authorizes \_\_\_\_\_ (sponsor) to consent to any medical or surgical treatment of said minor which such person deems advisable at his or her discretion. This authorization will be in effect on the days listed above, beginning with transport of minor to WQM and ending upon return to parent/legal guardian. If a person other than the above listed sponsor is to provide transportation, a secondary sponsor shall also be designated and sign below. Secondary sponsor will have the same discretion for authorizing treatment as the main sponsor.

**Secondary Sponsor Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

During this period the parent/guardian of the above-named minor will be at the following location:

Parent Name: \_\_\_\_\_ Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Location: \_\_\_\_\_

2nd Parent: \_\_\_\_\_ Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Location: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Group ID# \_\_\_\_\_

List any chronic allergies, illness, or conditions of concern of the above named minor: \_\_\_\_\_

Medications: \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

(Use back of form for any additional information)