

**WILLAMETTE QUARTERLY MEETING-Spring 2019
Youth Medical Release and Information Form**

Please use a separate form for each child.

Child's name: _____ DOB: _____

Child's physician: _____ Phone: _____

Health Insurance Provider: _____ ID#(s): _____

Medications: _____

_____ Date of last tetanus shot: _____

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

Please use the back of this form for any additional information the program should know about your child, such as how s/he interacts with others, any learning differences, good friends or favorite foods.

I give my child permission to attend children's activities and programs at Willamette Quarterly Meeting at Multnomah Friends Meeting, Portland, Oregon, from Friday May 3 to Sunday May 5, 2019. Activities may include field trips outside away from the Meetinghouse. The undersigned parent or legal guardian of the above minor hereby authorizes one of the adult leaders for the children's program to consent to an emergency 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, during the hours of the WQM Children's Program or Children's Activities until the child is signed out by the parent, legal guardian or sponsor.

I give permission for my child to participate in a field trip on Saturday May 4, 2019.

If you decide your child will not participate in field trips, an alternative on site activity will available.

Parent's cell phone number

Parent's Signature

Date

IF NO PARENT WILL BE WITH THIS CHILD DURING WILLAMETTE QUARTERLY MEETING:

Adult sponsor's name: _____ Meeting: _____

Secondary Sponsor's name: _____ Meeting: _____

The undersigned parent or legal guardian of the above named minor hereby authorizes

_____ (sponsor) to consent to any emergency 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(s) or 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.

I give my child permission to attend the 2019 Spring WQM at Multnomah Friends Meeting, Portland, Oregon, from Friday, May 3 through Sunday, May 5, 2019, under the care of the adult sponsor(s) listed on this form.

Parent's Signature

Date

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

Sponsor's Signature

Date

Secondary Sponsor's Signature

Date

During WQM, the parent or legal guardian of the above named minor will be at the following location:

Name: _____

Address: _____

Phone: _____

Please list any additional locations to the below or on the back.