



# TEC HEALTH & MEDICAL RELEASE FORM

Information on this form will be kept confidential except that it will be shared with the adult TEC team leaders so they may better care for your child.

Participant's Name	
Date of Birth	
Address	
Phone	

Father or Guardian's Name			
Phone			
Address/ City/ zip			
Place of Employment		Phone:	
Mother's or Guardian's Name		Phone:	
Address/City/Zip			
Place of Employment		Phone:	

**Local relative or contact, if parent/guardian can't be reached:**

Name:		Relationship	
Address		Phone	

**Special considerations (allergies, diet, illnesses or surgeries, etc.):**

**Medications (list with directions):**

**My child may be given, if needed (circle each approved):**    ASPIRIN    TYLENOL    ADVIL

Insurance Company	
Policy #	

Please attach a copy of your insurance card.

I submit that his health history is accurate and correct so far as I know, and the person described herein has permission to engage in all planned TEC activities, except as noted by me or an examining physician.

I understand that I am responsible for transporting my child to and from TEC and that my child will not be allowed to drive during the event.

In the event of an emergency, I hereby give permission to the physician selected by the youth director to secure proper and adequate treatment including hospitalization, injection, anesthesia, or surgery for myself, if of majority age, or the child listed, if a minor. I accept responsibility for all medical/surgical treatment charges, which may be incurred.

Parent's or Guardian's Signature		Date	
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