

ROTARY YOUTH LEADERSHIP CONFERENCE Medical Report and Parental Authorization

MEDICAL REPORT

Rotary Club: _____ RE: Conferee _____

Conferee's Address: _____

I have reviewed the medical history of _____ and find him/her to be free of communicable disease. He/she has no physical defect that would limit the Conferee from participation in a residential seminar program including strenuous physical activities except as follows:

Special instructions concerning diet, medicine, or activities are: _____

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

Date of last tetanus booster was _____

Signature of Doctor

Doctor's Address

Date

Doctor's Phone

PARENTAL AUTHORIZATION

I/We give our consent for our son/daughter named above to participate in the Rotary Youth Leadership Conference in June and do hereby release Rotary District #7640 and the local Rotary Club from all liability.

I/We have reviewed the above Medical Report and believe it is correct and complete. 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.

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Is there health or accident insurance protecting the conferee? ___ Yes ___ No

If "Yes", please state (print *legibly*):

Nature of Coverage

Company

Policy Number

Parent/Guardian Signature

Parent/Guardian Printed Name

Parent/Guardian Address

City State Zip

(____) _____

Phone

Date

DEADLINE: April 15, 2009