

Rotary Club _____
R.I. District 7280 RYLA

RE: Conferee: _____
Address: _____

MEDICAL REPORT

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 his/her participation in a residential seminar program including strenuous physical activities except as follows:

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

(It is recommended that conferees have up-to-date tetanus and polio immunizations.)

Date of last tetanus booster was _____

(Signature of Physician)

(Address)

(Date)

(Phone)

PARENTAL AUTHORIZATION

I/We give our consent for our son/daughter listed above to participate in the Rotary Youth Leadership Conference in June and do hereby release Rotary District 7280, the Conference Staff, the College, and the local Rotary Club from all liability, including payment for treatment for illness or accidents which may occur.

I/We have reviewed the above medical report and believe it to be correct. I 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 son's/daughter's health.

Is there health or accident insurance
Protecting the conferee? _____
"yes" or "no"

(Signature)

If "Yes," state -----

(Signature)

(Nature of Coverage)

(Address)

(Company)

(City) (Zip)

(Policy Number)

(Phone) (Date)

Bring this form to camp with you on June 15th