

CENTRAL DISTRICT CONFERENCE
Annual Meeting June 22-24, 2023
College Mennonite Church

Medical Release Form

Child's Name _____ Age _____

PARENT INFORMATION

Parent/Guardian _____ Phone (c) _____ (H) _____ (W) _____

Email _____

Emergency Contact _____ Phone (c) _____ (H) _____ (W) _____

Email _____

HEALTH INFORMATION (Please be specific in your answers. The more information we have, the better we can care for your child.)

Allergies

Does your child have any allergies? Yes No

If yes, List:

Please explain symptoms/treatment needed:

Asthma

Does your child ever experience symptoms of asthma? Yes No

If yes, explain usual symptoms and any treatment needed:

Medication

Does your child require prescribed medication? Yes No

List medications and dosages:

Health Concerns/Physical Impairments

Please note any physical impairments, health concerns, special accommodations, etc. needed for your child.

Anything else childcare staff should be aware of

I give the caregiver(s) permission to provide first aid and/or carry out any of the above procedures needed during the hours my child is in their care. In the event of serious illness or injury, I also authorize caregivers to transport my child to the nearest medical facility for treatment, or call the ambulance if it is deemed necessary. I understand that any financial responsibility for emergency treatment/transportation is the responsibility of the parent/guardian.

Parent/Guardian Signature

Date

Caregivers: Please keep completed on file while at the conference site.