

**NWHA YOUTH LEADERSHIP CONFERENCE MEDICAL INFORMATION AND INFORMED
CONSENT FOR TREATMENT**

PLEASE READ AND COMPLETE THIS FORM WHICH MUST ACCOMPANY REGISTRATION FORMS FOR THIS EVENT.

Name of Minor: _____ **Date of Birth:** _____

Name and Address of Parent/Legal Guardian: _____

Contact information for Parent/Legal Guardian

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

I. Medical Information

Known allergies to foods, drugs, insect stings or bites, etc:

Special medical concerns or conditions that event supervisors should know about, including contagious illnesses, epilepsy, asthma, diabetes, previous injuries to bones/joints, etc. Please list any chronic illness or physical or behavioral conditions: _____

List special dietary needs (Food allergies & child's reactions. Please list food child may NOT have.) _____

Medications currently being taken (name of medication, dose, and frequency taken): _____

Date of last Tetanus shot: _____

Family Physician: Name _____ Phone # (____) _____

Address _____

II. Insurance Information

(Please make a copy of your child's insurance card and submit it with this consent form.)

Health Insurance Company _____

Health Insurance Policy # _____

Company Address _____

Company Telephone Number (____) _____

III.

If you are a person with a disability and desire any assistive devices, services or other accommodations to participate in this activity, please contact Tami Steinbrecher at 912-586-2833 or via e-mail at rockinglazyt@windstream.net during business hours of 8 a.m. and 5 p.m. to discuss accommodations at least 30 days prior to the activity.

IV. Consent

In the event that a participant needs minor medical care or more significant medical care from a qualified health care provider, including hospitalization and/or surgery, the parent/guardian must sign the consent form below. In case of serious medical condition, NWHA will make every effort to notify the parent immediately; however, the first priority will be to obtain care for the participant.

Signatures Acknowledging Parts I, II, III, and IV

Parent's/Guardian's signature _____ Date: _____

Participant's Signature: _____ Date: _____

Consent For Health Care Of Minor

I, _____ am the custodial parent having legal custody of _____, a minor child, age _____, born _____. I authorize any adult(s) acting as agents (including official volunteers) or employees of the NWA Youth Leadership Conference and in whose care the minor child has been entrusted, to do any acts which may be necessary or proper to provide for the health care of the minor child, including, but not limited to, the power (i) to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person for such health care, and (ii) to consent to and authorize any health care, including administration of anesthesia, X-ray examination, performance of operations, and other procedures by physicians, dentists, and other medical personnel except the withholding or withdrawal of life sustaining procedures. As parent and or guardian of minor child, _____, I acknowledge by signing this document that I am responsible for any and all cost and professional fees incurred in obtaining medical/health care for my child and am authorizing care that may or may not be paid for by medical insurance. In no instance is NWA liable for any health/medical care costs incurred and by signing this document I indemnify NWA concerning said costs.

Custodial Parent/Guardian Signature _____ **Date** _____

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 20____, personally appeared before me the said named, _____, to me known and known to me to be the person described in and who executed the foregoing instrument and he (or she) acknowledged that he (or she) executed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

Notary Public

(OFFICIAL SEAL)