

Vassalboro Quarterly Meeting of Friends: Health Form, 2011

A signed form MUST be provided for all youth under 18 years of age attending Fall Gathering.

Duplicate the form, as needed

Name of Youth: _____ Male___ Female___

Birth Date: / / / Home telephone#:

Address: _____ State & Zip: _____

Health Information we should know: (allergies, diet or food restrictions, medications, medical conditions, areas of limitation, etc.)

Family doctor's name & telephone:

Insurance Carrier, Plan and Group _____

Policy holder's name _____

Permission: *I give permission for this child to participate in the Vassalboro Meeting Fall Gathering on September 9th and 10th, 2011. I release Vassalboro Quarter, staff and volunteers, and Friends Camp from liability for any injury or illness that this child may sustain during this retreat. In the event of an emergency, I hereby authorize an adult leader to consent to any examination, diagnosis, treatment or hospital care advised and supervised by a licensed physician, surgeon or dentist. I expect to be contacted as soon as possible. I understand that I am responsible for the cost of any care which is provided.*

Signed _____ Date: _____
(signature)

(printed name)
Custodial parent___ Guardian___

Address (if different from youth's):

Phone where available on Sept. 9th and 10th, 2011:

Alternate contact person: _____ Relationship & Telephone: _____