

Sault Tribe Youth Education & Activities Program

Activity: 2024 Youth Leadership Conference

Medical Release Form

Name of Participant: _____ Age: _____

Legal Guardian: _____ Phone #: _____

Physician Name:	Physician Phone #	Address:
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Insurance Provider & Policy Number: _____

If a hospital visit is necessary, your child will be taken to the nearest hospital. It is the parent's responsibility to arrange transportation home from the hospital.

IS YOUR CHILD CURRENTLY TAKING ANY PRESCRIBED MEDICATIONS?
Yes or No (circle one)

Name of Medication(s): _____ Condition being Treated: _____

Date(s) Medication is to be Given: _____

Time Medication is to be Given (s) _____ Dosage or Amount to be Given: _____

Method of Administration (for example, oral, topical, nasal, etc.) _____

If necessary, please attach a separate sheet.

Over-the-Counter Medications – Circle all that apply or write those that are not listed:

- Pain Reliever/Fever Reducer
- Pepto Bismol
- Tums
- Cortisone Cream
- Midol

List those not listed:

Please List Your Child's Allergies/Medical Problems:

I hereby give my permission for the Youth Education & Activities Program Staff to administer this medication according to the instructions above. I agree that the Sault Tribe Youth Education & Activities Program Staff will not be held liable for any illness or injury resulting from the administration of this medication and will not be held responsible for the reimbursement of any medical expenses resulting from such actions.

Parent/Guardian Signature

_____/_____/_____
Date