

Medical Release Form

YSI Leadership Camp

(to be filled out by a Parent or Guardian)

I, the Parent/Guardian of _____ hereby delegate authority to the Directors of the LEADERSHIP CAMP to arrange whatever medical treatment they may deem necessary for him during his stay at camp.

Name of Parent(s)

Street Address

City, State, Zip

Home Phone Number

Cell Phone Number

Work Phone Number

Insurance Company

Group Number

Policy Number

Date of Last Tetanus Shot

Insurance Company Phone Number

Indicate any additional pertinent health information (allergies, medication, etc):

Signature

Date

*Please return the completed and signed medical release form to:
Leadership Camp
5815 N. Cicero Ave.
Chicago, IL 60646*

For more information, contact us at info.midwestcamp@ysi.org or 601-301-CAMP (601-301-2267).