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

_____

Participant's D.O.B. (mm/dd/yyyy)

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

_____

_____

_____

_____ _____

Signature Date

Please return the completed and signed medical release form to pa-camp@ysi.org.