

**NPYM Junior Friends Camp 2015
Medical Release Form**

For each minor child not accompanied by Parent or Legal Guardian
(Each child is to keep one form with them and give a copy to the Junior Friends Advisors.)

The undersigned parent or legal guardian of:

_____, born _____,
(youth's name) (youths DOB)

Hereby authorizes:

Carrie Black, Emily Bear, or Paul Costello as Junior Friends' Advisors, to be the responsible adult for this minor child from July 19th to 23st, 2015.

Any one of them has the authority to consent to any medical or surgical treatment of said minor that he/she deems advisable in his/her discretion. This authorization will be effective from 7/ 19 -7/23, 2015.

During this period the parent or legal guardian of the above named minor will be at the following location:

Name: _____

Address: _____

Phone: (____ - ____ - ____)

Alternative emergency contact

Name: _____

Relation to Child: _____

Phone: (____ - ____ - ____)

Date of last DPT Immunization:

Chronic Illnesses, Allergies or other concerns we should know about (emotional/behavioral):

Current Medications: (attach additional sheet if necessary)

Health Insurance Company:

Group ID: _____

Minor's Physician: _____

Phone: (____ - ____ - ____)

Signature: _____ Parent/Guardian Date: _____