



ROTARY YOUTH LEADERSHIP AWARDS DISTRICT 6940

Medical Release Form – Must be returned notarized immediately after submitting the RYLA application and emailed in PDF format to forms@ryla6940.org

I _____ (parent/legal guardian) hereby give permission for any and all medical attention to be administered to my child _____ (child’s name) in the event of accident, injury, illness, sickness etc. under the direction of the person/group listed below, until such time as I may be contacted. I also assume responsibility for the payment of any such treatment. This release is effective for the period of two years from the date given below.

ADDRESS: _____

INSURANCE COMPANY: _____
CARRIER ADDRESS: _____
NAME OF INSURED: _____
RELATIONSHIP TO STUDENT: _____

POLICY NUMBER: _____
GROUP NUMBER: _____

In case I cannot be reached, any of the following persons is designated to act on my behalf:

- Jenny Lloyd- RYLA Chair (or her Rotarian designee – in writing)
- Adventures Unlimited Staff
- RYLA Facilitators or Rotarian Volunteer Staff

STUDENT’S PHYSICIAN: _____
ADDRESS: _____
PHYSICIAN PHONE: _____



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Health Questionnaire

Please list any physical, social, or emotional barriers for participating in a group environment, including cafeteria style meals, sensitivity to loud noises, or sleeping in cabins.

Please describe any medical conditions under the care a physician.

List any medication, food, or environmental allergies and describe reaction and management of the reaction.

Please list any dietary restrictions.

Medication List and dosage.

SIGNATURE (parent/guardian) _____ DATE: _____

Subscribed and sworn before me _____ day of _____, _____

(notary public)