

## Louhelen Bahá'í School – Medical Release Form

This form must be completed and on file prior to the start of the conference.

It is required for all participants **under the age of eighteen years** who are attending a session without their parent(s) or legal guardian(s) on campus.

**Please attach a copy of your health insurance card to this form.**

NAME

SEX  AGE  D.O.B.  HEIGHT  WEIGHT

ADDRESS

CITY, STATE, ZIP CODE

PARENT/GUARDIAN

HOME PHONE  WORK PHONE

### HEALTH INSURANCE INFORMATION

COMPANY NAME

POLICY NUMBER

NAME OF PRIMARY INSURED PERSON

Please include a photocopy of the front and back of your medical insurance card

EMERGENCY CONTACT #1

RELATIONSHIP

ADDRESS

CITY, STATE, ZIP CODE

PARENT/GUARDIAN

HOME PHONE  WORK PHONE

EMERGENCY CONTACT #2

RELATIONSHIP

ADDRESS

CITY, STATE, ZIP CODE

PARENT/GUARDIAN

HOME PHONE  WORK PHONE

Continued on next page . . .

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DOCTOR  PHONE   
DENTIST  PHONE

List any current medication.

MEDICINE NAME	DOSE DIRECTIONS	SIDE EFFECTS	NEED ASSISTANCE?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

List any physical conditions of which we should know.

List and explain any dietary needs.

List and explain any serious injuries and dates.

List and explain chronic and recurring illnesses.

List any restrictions on swimming, diving, camping, etc.

List concerns that would be helpful for us to know, i.e. making friends, fears, recent loss, etc.

LIST MOST RECENT IMMUNIZATION DATE (MONTH/YEAR) FOR:

DPT  OPV  MMR  DT  TETANUS

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**KNOWN ALLERGIES:**

- Insect sting
- Penicillin
- Other drug allergies
- Poison ivy, oak, etc.
- Food Allergies
- Hay fever
- Other known allergies:

**KNOWN MEDICAL CONDITIONS**

- Diabetes
- Fainting
- Bed wetting
- Seizures
- Hearing/Communication Problem
- Muscular/Movement Impairment
- Depression
- Asthma
- Eating disorder
- Heart condition
- Kidney condition

Other:

If yes to any of the above conditions, please explain and list all medical directives that apply.

**Continued on next page . . .**

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**THIS RELEASE MUST BE PRINTED, SIGNED, AND MAILED OR FAXED FOR EACH CHILD/YOUTH**

The undersigned, parent(s)/guardian(s) of \_\_\_\_\_ a minor, hereby authorize the Louhelen Bahá'í School, or its designated representative, agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The authorization shall remain effective while my child is attending the Louhelen sponsored activity.

\_\_\_\_\_  
DATE \_\_\_\_\_

*Signature of parent or guardian*

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I give permission for my child to receive Tylenol \_\_\_\_ aspirin \_\_\_\_ ibuprofen \_\_\_\_ as needed.

\_\_\_\_\_  
DATE \_\_\_\_\_

*Signature of parent or guardian*

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I give permission for my child to use Sunscreen \_\_\_\_\_ Bug Repellent \_\_\_\_\_ as needed.

\_\_\_\_\_  
DATE \_\_\_\_\_

*Signature of parent or guardian*

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I hereby consent to my child attending a conference located at the Louhelen Bahá'í School, 3208 South State Road, Davison, MI 48423. I understand that the acceptance of my child is without assumption of legal responsibility of any kind by the entire staff of Louhelen Bahá'í School, the Local Spiritual Assembly of the Bahá'ís of Davison Township, MI, or the National Spiritual Assembly of the Bahá'ís of the United States. There also shall be no assumption of responsibility or liability for any transportation of my child during the session. All water activities shall be at the individual's own risk. In consideration of the acceptance of my child/ward, I do forever release and discharge the foregoing named persons and organizations from any and all claims and damages, losses, and injuries that my child/ward may suffer in connection with their participation at Louhelen.

\_\_\_\_\_  
DATE \_\_\_\_\_

*Signature of parent or guardian*

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I understand that my child will not be allowed to leave the campus for personal activities. Permission to take my child off campus must be given by the Program Coordinator.

\_\_\_\_\_  
DATE \_\_\_\_\_

*Signature of parent or guardian*