

# 2010 Quest Medical Release Form

## Green Lake Conference Center

All youth and adult leaders are required to **return this form 10 days** prior to the start of your quest week. The form must be signed by parent or guardian for youth 18 and under.

### Personal Information

Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade entering in fall '10 \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Full name of Parent(s) Guardian(s) \_\_\_\_\_

Church name \_\_\_\_\_

Leader's name \_\_\_\_\_

### Emergency Information

*In case of an emergency we will first try contacting the parent or guardian.  
If neither can be reached we will then contact the next person listed.*

Parent/Guardian \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

### Other Contacts

Name \_\_\_\_\_ Relationship to youth \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Family physician \_\_\_\_\_

Phone \_\_\_\_\_

# Insurance Information

Insurance Company \_\_\_\_\_

Policy ID # \_\_\_\_\_

Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Member Services Phone # \_\_\_\_\_

Insurance pre-approval required?    Y        N        (Circle One)

## MEDICAL RELEASE

This medical release form is complete and accurate to the best of my knowledge. I give permission to the Green Lake Conference Center nurse to provide care, administer medications deemed necessary and authorize transportation to a medical facility. In the event I cannot be contacted I give permission for the physician and medical facility to secure and administer treatment, including hospitalization, injections, anesthesia or surgery as deemed appropriate. I also authorize the release of medical records to the attending physician and conference center nurse to assist in the care of my child. I release the Green Lake Conference Center and staff from liability in the unlikely event of an accident during normal Quest activities.

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Health History Information

- Drug Allergies \_\_\_\_\_
- Food Allergies \_\_\_\_\_
- Environmental Allergies \_\_\_\_\_

## Rx Information

List all medications currently using and purpose of each medication both prescription and over the counter.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### Immunizations

- Diphtheria
- Whooping Cough
- Polio
- MMR
- Tetanus
- Date of last Tetanus Booster \_\_\_\_\_
- Other: \_\_\_\_\_

### Last Illness

- Measles
- Whooping Cough
- Scarlet Fever
- Chicken Pox
- Mumps
- Ear Infection
- Other: \_\_\_\_\_

### Known Conditions

- Asthma
- Heart
- Kidney
- Epilepsy
- Diabetes
- Nose Bleeds
- Headaches
- Other: \_\_\_\_\_

## Handling of Medications

All medications, prescription and over-the-counter, will be kept in the nurse's office at the Carroll Youth Center during Quest. Medications will be returned prior to departure on Saturday morning at the end of the week. Bee sting kits and inhalers will be kept in the possession of the youth. This is in accordance with the State of Wisconsin health care regulations for camps.

**\*\*Prescription medications Must be kept in original containers.** This is necessary to assure that the proper dose and information about the medication is available for the staff nurse.