



ROTARY YOUTH LEADERSHIP
AWARD CONFERENCE 2024
MEDICAL RELEASE FORM

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This form must be downloaded and completed on the computer with the exception of the Physician Authorization section and the required signatures.

Complete this form only if you have received approval by the sponsoring Rotary Club)

Sponsor Rotary Club: _____

Conferee's Name: _____

Address: _____, NJ, _____

Physician to complete in its entirety. Put N/A if not applicable.

PHYSICIAN AUTHORIZATION

I have reviewed the medical history of the conferee named above and find this patient to be free of communicable disease. This patient has no physical defect that would limit his/her participation in a residential seminar program including strenuous physical activities except as follows:

Special instructions or concerns:

It is required that this conferee have up-to-date tetanus.

Date of last tetanus booster was: _____

Date: _____

Signature of Doctor:

Name of Doctor: _____

Address:

Phone: _____

STAMP



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Conferee's Name: _____

PARENTAL AUTHORIZATION

I/we give our consent for our child named above to participate in the Rotary Youth Leadership Award Conference in June and do hereby release Rotary District 7505 and the local Rotary Club from all liability.

I/we have reviewed the above Medical Release Form and believe it is accurate. I/we have no other medical information to add.

In case of emergency, I/we hereby give permission to the physician selected by the Conference Staff to secure and provide whatever health service is determined necessary for our child's health.

Yes No
☐ ☐

Is there health or accident insurance protecting the conferee?

Yes No
☐ ☐

If yes, please **TYPE** to complete:

Nature of health/accident coverage: _____

Company: _____

Policy No.: _____

Date: _____

Parent/Guardian Name: _____

Address: _____

Parent/Guardian Signature: _____

Conferee's Name: _____

Phone: _____