Penn West Conference Annual Meeting

California University, California PA June 9-10, 2017

Medical/Assumption of Risks and Permission Slip

Name of youth participant:		
Does this person have any serious medical problems (i.e., asthma, allergic to drugs, heart ailment, epilepsy, diabetes, physical handicaps, emotional problems, or dietary restrictions)? If "Yes," please describe:		
	YES	NO
Is this person taking any medication? If "YES," list names, dosage, why taken, and any side effects:	YES	NO
Should there be any limits on physical activity?	YES	NO
At the present time, is this person under a physician's care?	YES	NO
Is this person covered by medical insurance?	YES	NO
Name of Insurance Company:Policy number:_ Is pre-authorization necessary from your insurance company for emergency services? If so, what is the phone number of the insurance company?()	YES	NO
Parents: If this person is below the age of legal consent, (18 years) the law requires the permission to give medical service should the need arise. Please read carefully and significant to the permission of	•	your
I authorize medical examination and treatment as may be deemed advisable by the physician or staff member in attendance. For major illnesses or injuries, an attempt to contact me before institution of treatment will be made, unless such treatment is so urgent it must be done before contact can be made. If I cannot be reached, I authorize the attending physician to act as medical judgment may dictate. I also agree to assume any financial responsibility for my child's care. I understand that there are inherent risks to my child by participating at this event, even with the best of circumstances. With such knowledge, I hereby accept such risks. Having read all of the above information, I hereby give permission for my son/daughter to attend Penn West Conference Annual Meeting.		
Signed: Today's date: (Parent or Guardian)		
Emergency phone number: () Sign and return to Penn West Conference: 312 S. Maple Ave., Greensburg, PA 15	<u>601 prior t</u>	to May 27
Youth Covenant: "I promise to support and abide by the "Youth Covenant" while I attend the Annual Meeting at University of California, California, PA." Signed:		
(all participants must sign here in order to attend this Annual Me	eting	