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MEDICAL RELEASE

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 guardians on campus.

I, as the undersigned parent/guardian of _____, a minor, do hereby authorize The Spiritual Assembly of the Bahá'ís of Phoenix, or its designated representative, as agents of the undersigned, to consent to any and all necessary immediate medical or surgical treatment deemed advisable by any physician or surgeon licensed under the provisions of the Medical Practice Act.

This authorization shall remain effective from _____ to _____, when my child/ward is attending the Grand Canyon Bahá'í Conference.

Parent/Guardian Signature: _____ Date: _____

Day Phone: _____ Evening/Night Phone: _____

Emergency Contact and Phone: _____

Medical Insurance Company: _____

Medical Insurance Policy #: _____

Name and Phone of Family Physician: _____

Please provide the following information as it applies:

- Any known allergies: _____

- Any known reactions to medicines: _____

- Any known medications currently being taken: _____

- Date of last tetanus/toxoid shot: _____
- Any limiting health condition: _____