Anchor International Youth Release/Medical Information Form

(Copy of health insurance card must be attached to this form.)

_____ _____ _____ ☐ Male ☐ Female

Full Name Youth Phone # Date of Birth

_____ _____

Street Address City/State/Zip

_____ _____

Name of Responsible Advisor/Chaperone Responsible Adult Cell #

Family Information:

Mother's Name _____
Mother's Social Security # _____
Address (if not same)_____
Occupation_____
Work Phone _____
Cellular/pager # _____

Father's Name _____
Father's Social Security # _____
Address (if not same)_____
Occupation_____
Work Phone _____
Cellular/pager # _____

Siblings Names and Ages: _____

Emergency Information:

Dietary or health restrictions: _____
Doctor:_____Phone: _____
Medications taken on a daily or regular basis: _____
List any physical or medical conditions requiring special attention: _____

_____

Allergies_____Medications_____Date of Last Tetanus _____
Insurance Company_____Phone_____
Address _____
Policy #_____Group # _____

(You must attach a copy of front & back of current health insurance card. See second page of this form.)

ADDITIONAL EMERGENCY CONTACT:
Name_____Relationship _____
Address_____Phone _____

Additional Information on Reverse

Anchor International Youth Release/Medical Information Form, cont.

(Copy of health insurance card must be attached.)

By my signature, I_____the parent or legal guardian of _____whose social security # is_____grant my permission for him/her to participate fully in any activities or trips sponsored by Pilot International. I understand that my signature carries with it the following:

1. An authorization of any of the adult leaders to obtain necessary medical attention and/or treatment and hospital services as ordered or recommended by a qualified attending physician, including the administration of an anesthetic, laboratory procedures, medical or surgical treatment, x-ray examination, or other hospital services for my son/daughter.

2. I knowingly RELEASE, ABSOLVE, INDEMNIFY and HOLD HARMLESS Pilot International from liability for all claims that might result from injury or death of my dependent/child. "All Claims" means all existing, future, known, and unknown claims, demands, causes of action, obligations and liabilities of every kind, whether in contract or in tort, or arising under or by virtue of any statute or regulation, that are now recognized by law or that may be created or recognized in the future by any manner, including but not limited to, all causes of action asserted , all causes of action asserted or which could have been asserted in a cause of action or any others, for past, present, future, known, and unknown personal injuries, property damage, and all other losses, damages, or remedies of any kind that are now recognized by law or that may be created or recognized in the future by any manner, including without limitation by statute, regulation, or judicial decision, including but not limited to the following: all actual damages, all exemplary and punitive damages, all penalties of any kind, loss of consortium, damage to familiar relations, ensuing death, loss of inheritance, loss of companionship, loss of society and affection, loss of enjoyment of life, and prejudgment and post-judgment interest. This agreement pertains to all programs and activities of Pilot International, including those where transportation is provided.

3. I knowingly RELEASE, ABSOLVE, INDEMNIFY and HOLD HARMLESS all employees, agents, or members of Pilot International from all claims that might result from any injury or death of any minor.

4. Should medical help be needed, I agree to pay either directly or through my own personal health and accident insurance policy all medical or hospital costs occurring to my child/dependent.

5. Special Needs/Additional Comments _____

_____

Signature of parent/legal guardian _____

Printed name of parent/legal guardian_____Date _____