



**ROTARY INTERNATIONAL DISTRICT 7030  
ROTARY YOUTH LEADERSHIP AWARDS 2010 CONFERENCE  
MEDICAL RELEASE FORM**

Surname Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Nick Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Country: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

I hereby authorize any director, counsellor, or agent of Rotary International District 7030 to obtain emergency medical treatment for my child at any time during the RYLA 2010 Conference. I understand that an attempt will be made to notify the parents first. If the parents are not available, however, the youth will be taken to the emergency room at the nearest hospital as circumstances may warrant.

Name & Address of Insurance Company: \_\_\_\_\_

\_\_\_\_\_

Policy Number: \_\_\_\_\_ **A photocopy of insurance card is required.**

Do any pre-certification, notification, or other requirements exist with respect to the health insurance of participant?  
If so, please specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Please list any special medical information (including medication and allergies) concerning the participant:

\_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian (for participants under 18 years): \_\_\_\_\_

This form is part of your registration and **must** be submitted with your Registration and Rules of Conduct Forms. Registration due date 15 September 2010.