

You may use valid medical report used for WIAA sports..

Rotary Club _____ RE: Conference: _____

R.I. District 6250 RYLA Address: _____

Medical Report

I have reviewed the medical history of _____ and find him/her to be free of communicable disease. He/She has no physical defect that would limit his/her participation in a residential seminar program including strenuous physical activities except as follows:

Special instructions concerning diet, medicine, allergies or activities are:

(It is recommended that conferees have up-to-date tetanus and polio immunizations.)

Date of last tetanus booster was _____

(Signature of Physician)

(Address)

Date: _____

Phone: _____

PARENTAL AUTHORIZATION

I/We give our consent for our son/daughter listed above to participate in the Rotary Youth Leadership Conference in May and do hereby release Rotary District 6220, the Conference Staff, the College, and the Rotary District and Club from all liability, including payment for treatment for illness or accidents which may occur.

I/We have reviewed the above medical report and believe it to be correct. I 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 son's/daughter's health.

Is there health or accident insurance protecting the conference? ("Yes" or "No") _____

(Signature)

If "Yes", state:

(Nature of Coverage)

(Signature)

(Company)

(Address)

(Policy Number)

(City) (Zip code)

(Phone) / (Date)

Photo Release -- RYLA Conference

I grant Rotary the right to use, publish, and copyright my image (including audio, moving image or photograph) for educational programs, websites and promotion of Rotary programs: YES NO

Print Subject's Name (adult or youth) _____

Signature _____ Date _____

(parent or guardian must sign here if student is under age 18)

Return to: RYLA
24350
Tomah, WI 54660
by: April 1, 2009