

Rotary Club _____ RE: Conference: _____

R.I. District 6250 RYLA Address: _____

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 6250, the Conference Staff, the Camp, and the Rotary District and Club from all liability, including payment for treatment for illness or accidents which may occur.

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: _____

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

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") _____

If "Yes", state:

(Nature of Coverage)

(Company)

(Policy Number)

(Signature)

(Address)

(City)

(Zip code)

(Phone) /

(Date)