



## Medical Information and Release Form

(Please print or type)

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Sex: \_\_\_\_\_  
Number & Street City State ZIP

### Emergency Info

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Who Is Responsible for Medical Payment?  Insurance  Individual

**IF INSURED**, Medical Insurance Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street City State ZIP

Name of Insured: \_\_\_\_\_ SSN of Insured \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

**NOTE: Please attach a copy of the insurance card and driver's license of the primary insured person**

### Brief Medical History

Special Health Concerns (Allergies, etc.) \_\_\_\_\_

Allergic to any medications?  Yes  No If yes, please list: \_\_\_\_\_

Current Medications: \_\_\_\_\_ Dosage per day: \_\_\_\_\_

**NOTE: If you are taking medication regularly, please bring a supply in a labeled container.**

Asthma:  Yes  No Medication: \_\_\_\_\_

Diabetes:  Yes  No Medication: \_\_\_\_\_

Epilepsy:  Yes  No Medication: \_\_\_\_\_

Heart:  Yes  No Medication: \_\_\_\_\_

Should Activity be restricted?  Yes  No If yes, please explain: \_\_\_\_\_

Are there any prescription drugs that should NOT be administered? \_\_\_\_\_

### Medical Permission

In the event that I or my underage dependent is involved in an unforeseen catastrophic medical accident, injury or illness, and I am incapable of making, or my dependent is not allowed by law to make, medical decisions regarding treatment, I grant Limited Power Of Attorney to whomever is in charge of the group at the time of the medical emergency. The sole purpose of the Limited Power Of Attorney is so that my, or my dependent's, immediate emergency medical needs may be met. I further agree to assume any and all medical expenses involved in my, or my dependant's, first aid or treatment should such a need arise.

Signature of Member \_\_\_\_\_ Date \_\_\_\_\_

Signature (Parent or Guardian if Minor) \_\_\_\_\_ Date \_\_\_\_\_

### Official Use:

Drivers License: \_\_\_\_\_ Insurance Card: \_\_\_\_\_ Reenactors Insurance: \_\_\_\_\_