



## **Participant Medical & General Waiver**

PARTICIPANT INFORMATION			
1. Legal Name:last	first	Gene	der identity
2. Address: street address		city	state zip code
3. Best phone:	4. Other phone:	5. Date of Birth:	month / / year
6. Emergency Contact Name and Phone Num	ber :		
MEDICAL HISTORY & INFORMATION			
7. Participant's Physician:		Phone:	
8. Physical conditions or limitations: (food seizures, lactose intolerance, or recent su			
9. Special Instructions: (rare blood type—pro	phibited treatment, allergies to peni	cillin, latex, sulfa drugs)	
10. List of medications taken regularly:			
11. Current Immunization: Tetanus	Polio No	ne:*incl	ude copy of current immunization record
12. Please enclose a copy of participant's cu			
MEDICAL INSURANCE INFORMATION			
13. Insurance Company:	14. Poli	icy/Group Number:	
15. Name of Primary Insured:	16. Insu	ared ID (SSN):	
17. Please enclose a photocopy of your health plan identification card—front and back— Check if photocopy is enclosed			
MEDICAL TREATMENT APPROVAL & GENER	AL WAIVER		
In the event of an emergency necessitating me representatives to make such decisions regard			
I, the undersigned participant (or parent/guard from any and all actions, causes of actions, re assume financial responsibility for all medical	lated risks and dangers, arising out		
I, the undersigned participant (or parent or gumay have been immunized. I, the undersigned YouthCUE/SAYC and/or its representatives fare not immunized.	l participant (or parent/guardian), d	o agree to indemnify and ho	old harmless
Signature:		Date:	
Adult participant or Minor	participant's parent/legal guardian		

FORM MUST BE accompanied by a copy of medical insurance card (front and back) and a current immunization record listing all immunizations to date.