

THE JINK & DIDDLE MEDICAL INFORMATION & RELEASE

In order to provide better assistance for any Jink & Diddle School participant who may become ill or have an accident, the following information is needed.

Name _____ Date of Birth _____

Social Security Number _____

In An Emergency, Notify _____

Home Phone _____

Address _____

Work Phone _____ Hours at that Number _____

Do you have any medical conditions for which you are under a doctor's care? _____ NO _____ YES

If yes, please describe: _____

Do you have any physical limitations which might need to be taken into consideration while at school?

_____ NO _____ YES

If yes, please describe: _____

Are you on any sort of special diet or do you have any food allergies? _____ NO _____ YES

(We regret that Valle Crucis is unable to cater to anyone with special dietary needs.)

If yes, please describe: _____

Are you allergic to bee stings or insect bites? _____ NO _____ YES

If yes, please describe the sort of reaction you experience and the date you were last bitten or stung: _____

What medications do you normally take if bitten or stung? _____

Will you be taking any medications while at the school? _____ NO _____ YES

If yes, please list on the back of this sheet the names of the medicines and the schedule you will follow in taking them. If you will be taking medications, you are encouraged to bring a plentiful supply. Because of the school's rural location, it may be difficult to fill a prescription should you run out.

It would be helpful to know the date of your last tetanus immunization: _____

NAME, ADDRESS & PHONE NO. OF PERSONAL PHYSICIAN _____

MEDICAL INSURANCE POLICY INFORMATION _____

In case of medical emergencies, local medical facilities and/or hospitals will be utilized.

THIS SECTION MUST BE COMPLETED by participant - or parent, if participant is a minor

I, _____, authorize John W. Turner or his designated representative for the Jink and Diddle School to authorize treatment for

(name of participant)

SIGNED _____ Relationship _____

DATE _____ (For minors, parents must sign the authorization)

*** ALL INFORMATION ON THIS SHEET WILL BE KEPT STRICTLY CONFIDENTIAL ***