

# Medical History and Release Form

To be completed by all students, SCLers, Sponsors and Chaperones. Leave the back of this page blank when copying.

## I. Personal Information

Name \_\_\_\_\_ Sex: M F  
Last First Middle

Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

In case of an emergency notify: \_\_\_\_\_ Relationship \_\_\_\_\_  
Name of parent or relative

Home address \_\_\_\_\_ Home Phone \_\_\_\_\_

Business address \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

If not able to reach a parent give the name and phone number of another responsible adult:

\_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician \_\_\_\_\_ Address \_\_\_\_\_

Dr.'s Phone Number \_\_\_\_\_

II. Personal History: Is there anything JCL needs to know about your health so as to assist in providing health professionals with information about you? This includes information on recent hospitalizations, surgery, diabetes, asthma, allergies, etc.

\_\_\_\_\_  
Please list any medications you are taking, dose and frequency: \_\_\_\_\_

## III. Insurance Information

Name of company \_\_\_\_\_ Medical Insurance Policy Number \_\_\_\_\_

Address \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

## IV. Medical Treatment Authorization and Liability Release

I, the undersigned parent or guardian, do hereby give permission for my son/daughter to attend the Illinois Junior Classical League Convention. In the event of injury or illness during these convention activities, I hereby authorize the supervisors at the IJCL convention to obtain for my child such medical services as are deemed necessary. Every effort will be made to contact the parent or emergency number. I hereby release the Illinois Junior Classical League and their representatives from any and all claims and liability arising in any way out of its exercise of this authority. I understand and agree that all bills for medical care and treatment will be forwarded to me or to my insurance company, and that it will be my responsibility to see that such bills are paid. I further acknowledge, understand, and agree that in participating in these activities, programs and workshops there is a possibility of physical illness or injury and that my son/daughter is assuming the risk of such injury by his/her participation.

**Signature of Parent or Guardian**

\_\_\_\_\_ Date \_\_\_\_\_

**Signature of SCL / Adult / or Chaperone**

\_\_\_\_\_ Date \_\_\_\_\_