



B'nai B'rith Youth Organization Northern Region East

PARTICIPANT INFORMATION and MEDICAL FORM PARENT CONSENT FORM (please print)

PARTICIPANT INFORMATION

Name _____ Birthdate _____ Grade _____ Chapter _____
Address _____
City & State _____ Zip _____ Phone _____

EMERGENCY CONTACTS

Mother's Name _____ Home Phone _____
Work Phone _____ Cell Phone _____

Father's Name _____ Home Phone _____
Work Phone _____ Cell Phone _____

ALTERNATIVE CONTACTS (in the event parents cannot be reached)

Name _____ Phone Number _____
Relationship _____

Name _____ Phone Number _____
Relationship _____

Doctor's Name _____
Doctor's Phone Number _____
Medical Insurance Company _____
Medical Insurance ID Number _____

Your health insurance will provide primary coverage. BBYO liability insurance is designed to supplement any costs not normally covered by your individual plan.

Please list any health concerns, restricted activities, medical treatment, allergies etc., which we should be aware of.

Health Concerns _____
Medication currently taking _____
Restricted diet _____
Allergies _____
Other _____

PARENTAL CONSENT AND RELEASE FROM LIABILITY

I hereby give permission for my son/daughter _____ to attend and participate in this event. I understand that BBYO will provide supervision for the program and make sure that every reasonable effort will be made to ensure the safety of all participants. I therefore release BBYO from any liability for any injury to my son/daughter. In case of an emergency and I cannot be reached, I give BBYO the authority to act in my behalf for the care and treatment of my son/daughter. I also understand that all participants are required to abide by the rules and regulations of BBYO and that any violation of these rules can result in my son/daughter being sent home at his/her own expense.

In the event of illness or injury I hereby give permission for the BBYO staff to take my child to the nearest physician and/or hospital for appropriate treatment. In the event that I cannot be reached, I give permission to the physician selected by the BBYO staff to hospitalize, secure proper treatment for, and to order injection anesthesia or surgery and further agree to pay all costs involved in such treatment.

Parent's Signature _____ Date _____