

Mid-Hudson Russian Community Association

Medical Information form

Child's Name: _____ **Date of birth** _____

Pediatrician's name: _____ **Phone** _____

Child's emergency contact (at least two):

Name: _____ Relationship: _____ Phone _____

Name: _____ Relationship: _____ Phone _____

Health Conditions:

Does your child have any of the following:

Diabetes _____ Asthma _____

Allergies (please list type of Allergy) _____

Is your child allergic to the following first aid products?

Peroxide _____ Rubbing Alcohol _____ Neosporin _____ Latex products _____

Penicillin (or other antibiotic) _____ Other _____

Are there any specific food allergies or dietary restrictions?

Yes _____ No _____

If so, please specify _____

Does your child currently take any medications? Yes _____ No _____

Medication: _____

When taken: _____

Chronic or Recurring Illness _____

Surgeries or Serious Injuries (please list and include dates) _____

Any specific activities your child **can not** be engaged in?

Conditions that require activity to be restricted?

Appliances worn (glasses, etc) _____

Are there any prior medical events or health concerns that we should know about? If so, please specify: _____

Release Form

My son/daughter _____ is presently a registrant attending the *Mid-Hudson Russian Community Association programs*.

I, _____ as parent/ guardian, authorize *Mid-Hudson Russian Community Association staff* to make necessary decisions on my behalf concerning the safety of my child in case of any emergency during program hours. I hereby empower the *Mid-Hudson Russian Community Association* to act on behalf of parents in the event of an injury to my child.

I grant permission for my child to use all equipment and participate in all activities at the *Mid-Hudson Russian Community Association* programs. I grant permission for my child to leave the program premises only under supervision by *Mid-Hudson Russian Community Association* staff for neighborhood walks or parks. I do hereby give authority to the *Mid-Hudson Russian Community Association* staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible. In the event of a medical emergency, I grant permission to *Mid-Hudson Russian Community Association* staff to call ambulance to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child.

I herewith permit my child to participate in cooking and food tasting activities during Community events. In the space below I am listing all food restrictions and allergies in respect to my child that *Mid-Hudson Russian Community Association* staff should be aware of:

I hereby release *Mid-Hudson Russian Community Association*, or any of its sponsors, founders, owners or employees of any liability arising from any injury to my child.

My child's name _____

Signature _____ **Date** _____