

Medical Release Form

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4. Date of last tetanus shot: _____

5. Does your child wear glasses contact lenses

6. Please list and explain any major illnesses the child experienced during the last year:

Additional comments:

7. Please list any medications your child may be currently taking: (Please include dosages and frequency)

8. It is our policy for the Minister with Youth and Young Adults (or an adult Sponsor) to keep and dispense prescription medications for students. If you prefer your child to keep his/her medication and dispense for him/herself, please sign on the line below:

Should this child's activities be restricted for any reason? Please explain: