



**Youth Experiential Learning Program (YELP)
Medical Release Form**

Parent(s)/Guardian(s): The following information is necessary to facilitate emergency medical care for your child. This original form will be stored privately. Copies will ONLY be made for your child's mentor and school administrator.

Student's Full Name:		
Name(s) of: (Please check one) Parent(s) <input type="checkbox"/> or Legal Guardian(s) <input type="checkbox"/>		
Address: Zip:		
City:	State:	Zip:
Student's Date of Birth: / /	Student's Current Age:	

Phone numbers where parent(s)/guardian(s) can be reached in the event of emergency:

Name/Relationship:	Name/Relationship:
Work Phone: ()	Work Phone: ()
Home Phone: ()	Home Phone: ()
Cell Phone: ()	Cell Phone: ()
Information about the student:	
Allergies:	
Medications being taken & how often:	
Date of last tetanus shot:	
Family Doctor:	Doctor's Phone: ()
Medical Insurance Company:	
Policy Number:	Group Number:
Member's Full Name:	

I give permission for the student named above to be given appropriate medical treatment in the event of an emergency:

Signature of parent or legal guardian:

Date:

Please complete this application and give it to your school coordinator, if applicable,
or fax/email it to Mark Birdsall, Director of Youth Programs, Triskeles Foundation.

*Triskeles Foundation's Youth Experiential Learning Program respects individuals' right to privacy
and uses this information only for our program purposes.*