



Medical Release & Youth Activities Consent Form

This form is required for your child to participate in the ASI convention meetings and offsite activities, and must be completed by activities, and must be completed by the parent or guardian for each registered child ages 0 -18.

GENERAL INFORMATION:

Child's name _____ Age _____

Hair Color _____ Eye Color _____ Height _____ Weight _____

Name of Parents or Legal Guardians _____

Home Address _____ Phone Number _____

Parent's or Guardian's Convention Hotel _____ Hotel Room Number _____

Please PRINT names and cell phone numbers of parents attending convention who will be available for immediate contact. Include one non-parent contact as well, if possible. (Please leave cell phones on vibrate mode in case we need to contact you.)

CONTACT PERSON/RELATIONSHIP	CELL PHONE NUMBER

HEALTH INFORMATION:

Please list any medical conditions your child may have (such as diabetes, epilepsy, asthma, etc.): _____

Allergies (circle, then describe below): Food Medication Insect bites/sting Other

List any physical conditions that may limit participation in activities: _____

ACTIVITIES PERMISSION : I hereby give permission for my child to attend and participate in onsite and offsite activities planned by the ASI Youth Convention leaders. In case of an emergency or illness, I hereby give permission to the hospital and/or physician selected by ASI leadership to hospitalize, treat, provide anesthesia, or perform surgery for my child.

Signature of Parent or Legal Guardian _____ Date _____