

## Upward Challenge Medical Release Form

Camper Name \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian#1 \_\_\_\_\_ Phone #'s \_\_\_\_\_

Parent/Guardian#2 \_\_\_\_\_ Phone #'s \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone #'s \_\_\_\_\_

Medical Information:

Insurance Company/Policy # \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Please List any medical notes, concerns, and allergies: \_\_\_\_\_

Is your young person under any special medical or dietary schedule? \_\_\_\_\_

Medication(s): \_\_\_\_\_

Dosage and frequency: \_\_\_\_\_

Is your young person allergic to specific medicines? \_\_\_\_\_

If yes, specify: \_\_\_\_\_

Has your young person been under medical care within the past 3 months? \_\_\_\_\_

If so, what kind/for what? \_\_\_\_\_

Are there any restrictions to activity of any kind?

---

---

---

List any other medical info that may be helpful to the leaders:

---

---

---

Permissions:

I give my permission for \_\_\_\_\_, my child or legal dependent, to participate in Upward Challenge and all the events and activities thereof, and to receive transportation provided by any Upward Challenge volunteer (18 years or older). Furthermore, in the event that my child or legal dependent should require medical attention, I give my permission to the Upward Challenge volunteers to seek the services of a medical professional for my child or legal dependent.

**Release:**

For myself and my spouse (if any), and on behalf of our minor child, I agree to hold PRMI and all affiliated organizations and volunteers, harmless from and against any and all claims, expenses, and any other liabilities related in any way to injuries or other losses sustained by my child as he/she attends, participates in, and travels to and from Upward Challenge.

Signature of Parent or Guardian

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian

\_\_\_\_\_ Date \_\_\_\_\_

Please complete and return this form at least 2 weeks before the event. You can scan the completed form and email it to [prmi@prmi.org](mailto:prmi@prmi.org) or mail to PRMI, P.O. Box 429, Black Mountain NC 28711. For questions, contact Stephanie McClain, Camp Co-Director, 727-798-6755