





# Anchor International Youth Release/Medical Information Form

(Copy of health insurance card must be attached to this form.)

\_\_\_\_\_  Male  Female  
Full Name Youth Phone # Date of Birth

\_\_\_\_\_ City/State/Zip  
Street Address

\_\_\_\_\_ Responsible Adult Cell #  
Name of Responsible Advisor/Chaperone

## Family Information:

Mother's Name _____	Father's Name _____
Mother's Social Security # _____	Father's Social Security # _____
Address (if not same) _____	Address (if not same) _____
Occupation _____	Occupation _____
Work Phone _____	Work Phone _____
Cellular/pager # _____	Cellular/pager # _____

Siblings Names and Ages: \_\_\_\_\_

## Emergency Information:

Dietary or health restrictions: \_\_\_\_\_

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

Medications taken on a daily or regular basis: \_\_\_\_\_

List any physical or medical conditions requiring special attention: \_\_\_\_\_

Allergies \_\_\_\_\_ Medications \_\_\_\_\_ Date of Last Tetanus \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

(You must attach a copy of front & back of current health insurance card. See second page of this form.)

## ADDITIONAL EMERGENCY CONTACT:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Additional Information on Reverse**



# Anchor International Youth Release/Medical Information Form, cont.

*(Copy of health insurance card must be attached.)*

By my signature, I \_\_\_\_\_ the parent or legal guardian of  
\_\_\_\_\_ whose social security # is \_\_\_\_\_ grant my  
permission for him/her to participate fully in any activities or trips sponsored by Pilot International. I understand  
that my signature carries with it the following:

1. An authorization of any of the adult leaders to obtain necessary medical attention and/or treatment and hospital services as ordered or recommended by a qualified attending physician, including the administration of an anesthetic, laboratory procedures, medical or surgical treatment, x-ray examination, or other hospital services for my son/daughter.

2. I knowingly RELEASE, ABSOLVE, INDEMNIFY and HOLD HARMLESS Pilot International from liability for all claims that might result from injury or death of my dependent/child. "All Claims" means all existing, future, known, and unknown claims, demands, causes of action, obligations and liabilities of every kind, whether in contract or in tort, or arising under or by virtue of any statute or regulation, that are now recognized by law or that may be created or recognized in the future by any manner, including but not limited to, all causes of action asserted, all causes of action asserted or which could have been asserted in a cause of action or any others, for past, present, future, known, and unknown personal injuries, property damage, and all other losses, damages, or remedies of any kind that are now recognized by law or that may be created or recognized in the future by any manner, including without limitation by statute, regulation, or judicial decision, including but not limited to the following: all actual damages, all exemplary and punitive damages, all penalties of any kind, loss of consortium, damage to familiar relations, ensuing death, loss of inheritance, loss of companionship, loss of society and affection, loss of enjoyment of life, and prejudgment and postjudgment interest. This agreement pertains to all programs and activities of Pilot International, including those where transportation is provided.

3. I knowingly RELEASE, ABSOLVE, INDEMNIFY and HOLD HARMLESS all employees, agents, or members of Pilot International from all claims that might result from any injury or death of any minor.

4. Should medical help be needed, I agree to pay either directly or through my own personal health and accident insurance policy all medical or hospital costs occurring to my child/dependent.

5. Special Needs/Additional Comments \_\_\_\_\_  
\_\_\_\_\_

Signature of parent/legal guardian \_\_\_\_\_

Printed name of parent/legal guardian \_\_\_\_\_ Date \_\_\_\_\_