



CHARLOTTE, NC | JULY 30 – AUGUST 3, 2014
A LEGACY OF LEADERSHIP & SERVICE
And Still We Rise

Medical Liability Release Form

Must be submitted for each Child/Teen attending

Chapter	State	Region	Year
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IMPORTANT: This form must be submitted within 2 weeks of your registration.

MEMBER INFORMATION

Mother's Name		E-mail Address		Phone Number	
Father's Name		E-mail Address		Phone Number	
Child's Name	DOB	M or F	Teen's Name	DOB	M or F
Address		City		State	Zip

MEDICAL INFORMATION

INSTRUCTIONS: Check all that apply. If a condition is checked, please explain in the space provided.

Asthma	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	
Heart Disease	<input type="checkbox"/>	
Hay Fever	<input type="checkbox"/>	
Eating Disorder	<input type="checkbox"/>	
Seizures	<input type="checkbox"/>	
Drug Allergies	<input type="checkbox"/>	
Food Allergies	<input type="checkbox"/>	
Physical Limitations	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

Date of Child/Teen's last Tetanus shot (mm/dd/yyyy): _____

Please list all medications and dosage currently taken: _____



INSURANCE & PHYSICIAN INFORMATION

Insurance Carrier	Policy Holder	Insurance Phone Number
Police/Group No.	Primary Physician	Physician Phone Number

RELEASE INFORMATION

MEDICAL AUTHORIZATION

I, _____, parent or legal guardian of _____ hereby give my consent for a chaperone or other adult representative of Jack and Jill of America, Inc or to obtain such medical care as is reasonably necessary for the welfare of my child/teen, in the event of any emergency or other medical occurrence. I request that payment under my medical insurance program be made directly to the site of services rendered. I understand I am financially responsible for fees not covered by this authorization.

GENERAL RELEASE

I, _____, the undersigned parent or legal guardian, do hereby release Jack and Jill of America, Inc., including all Chapters, its chaperones or designees from any and all liability which might result from any personal injury claims or cause of action which might result directly or indirectly from my minor child/teen's participation in any activity or trip which may be conducted under the supervision or direction of Jack and Jill of America, Inc.

Parent/Guardian Signature

Print Name	Relationship to Minor	Date
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IMPORTANT NOTICE: In accordance to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule regulation, it is important that all parties in receipt of this form, assure that the information contained on this document is properly protected while allowing the flow of health information needed to provide health care and to protect the individual's health and well being. The purpose of the Privacy Rule is to define and limit the circumstances in which an individual's Protected Health Information (PHI) may be used or disclosed. Contents contained on this document should only be discussed or shared with the individual (or their personal representative) or for the treatment activities of any healthcare provider.

Mail, email or fax your completed form within 2 weeks of registering to:

Mail: Jack and Jill of America, Incorporated
c/o Special Events
1930 17th Street NW
Washington, DC 20009

Email: 2014convention@jack-and-jill.org

Fax: (202)667-6133

