

CUUL School Medical Information & Release Form



Name: _____

Dietary Preferences: Vegan, Vegetarian, Omnivore Date of Birth ____/____/____

Gender: _____ Prov. Health Care Number (incl Prov.): _____

Other medical coverage/insurance information: _____

Health Information—Allergies/medical conditions we need to know about: (please indicate food preference and allergies). We'll keep this information confidential, please use the back of this form as needed.

Medications I will be taking during the weekend: _____

EMERGENCY CONTACTS - Provide contact information for those who will be available during the program dates. If for a youth, provide information for at least one parent or guardian.

1. Name: _____

Relationship: _____

Phone #'s Home: _____ Cell: _____

Address: _____

2. Name: _____

Relationship: _____

Phone #'s Home: _____ Cell: _____

Address: _____

I, _____ (please print) who will be attending the Canadian Unitarian Universalist Leadership School, July 14-17 hereby give my consent and authority for the meeting staff to take any reasonable action to help ensure my safety, health and welfare. I also give my consent for any necessary medical treatment, including emergency surgical care, if needed. (Name and signature of parent or guardian if Participant is under 18 yrs.)

Name: _____ Signature: _____