

Youth Medical Information/Release



Name of Child/Youth: _____

Allergies: _____

Other Health Issues:

Prescriptions/reason:

Child's Primary Physician: _____ Phone: _____

Health Insurance Carrier: _____ Policy #: _____

Child's Dentist: _____ Phone: _____

Dental Insurance Carrier: _____ Policy #: _____

Parents are responsible for updating the information in this form as appropriate.

The undersigned hereby agree and consent to the administration of over-the-counter medicines (e.g., Tylenol, Pepto-Bismol) to the above named child or youth for minor ailments. In case of emergency, I (we) authorize the adult in charge to consent to medical care, or dental care, or both, for my/our minor child. For purposes of this consent, the term "medical care" shall include, but not be limited to x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care under the general or special supervision and upon the advice of or to be rendered by a licensed physician or surgeon. For purposes of this consent, the term "dental care" shall include but not be limited to, x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care by a licenses dentist. I (we) further hereby authorize any and all of my child's health care providers to release and/or disclose any and all protected health information relevant to the diagnosis and treatment of any physical, mental, and or emotional condition of my child to the adult in charge. This Authorization shall extend to and include, but not be limited to, my child's medical history, including specific progress notes regarding any problems that would impact any surgery or procedures, progress or outcome, results of relevant diagnostic or laboratory tests, and were necessary, my child's entire medical record. I/we understand that information used or disclosed pursuant to this consent may be subject to re-disclosure by the above named person and may no longer be protected by federal or state law.

(Parent 1 Signature)

(Date)

(Parent 1 Printed Name)

(Parent 1 Phone Number)

(Parent 2 Signature)

(Date)

(Parent 2 Printed Name)

(Parent 2 Phone Number)