

VIDA NUEVA TAMPA BAY
TEAM MEMBER MEDICAL RELEASE
*For Team Members Under 18 Years of Age**

*This form **must** be completed and signed by the team member's custodial parent or legal guardian before the team member will be allowed to participate in the weekend. All team members who will not be 18 years of age by the weekend's Friday send-off must have this form completed. A new form must be completed for each weekend which the team member serves and will be held by the Head Cha until the weekend is completed.

Please print legibly and list any and all medical allergies, medications being taken, medical problems or conditions, special diets (for valid, diagnosed medical conditions), or any other pertinent information (use additional space on the back of this form if necessary):

Name of team member: _____

Father (or guardian's) name: _____

Father (or guardian's) home, business and/or cell phone: _____

Mother (or guardian's) name: _____

Mother (or guardian's) home, business and/or cell phone: _____

I do hereby release Vida Nueva of Tampa Bay, and its staff and sponsors from responsibility and liability for any injury or illness that my child as named above may sustain during any and all activities in which he/she may participate during the dates of the Vida Nueva weekend in which he/she is participating.

In the event of an emergency, I do hereby authorize an adult leader as agent for me, to consent to any X-ray, exam, medical, dental or surgical diagnosis, treatment, and hospital care advised by a physician, surgeon or dentist, as appropriate, licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital.

Signature of Custodial Parent or Legal Guardian: _____

Medical Insurance Company _____

Group Number: _____ Group Name: _____