Medical Information and Liability Release Form

This form must be completed for all Chapter activities, Regional and National events annually.

Chapter _____ State _____ Region _____ Year _____

Important: This form must be completed for all children/teens, including children/teens of non-members, participating in any Chapter activities or Regional and National events. A complete release form is mandatory for each child/teen and must be signed by a parent or legal guardian at the beginning of each Program year and before participation in such activities. It is the role of the Chapter Program Director to ensure a form is completed for each child/teen prior to the child/teen participating in the activities described above and to ensure that, for members of Jack and Jill of America, Inc., a new form is completed for each child/teen at the beginning of the Program year and properly discarded at the end of the same Program year. During the year, all forms must be stored in a locked and secured location.

Member/Non-Member Participant Information

Mother's Name _____ Email Address _____ Phone Number _____

Father's Name _____ Email Address _____ Phone Number _____

Child/Teen's Name _____ DOB _____ Child ☐ Teen ☐ Male ☐ Female ☐

Address _____ City _____ State _____ Zip _____

Medical Information

Instructions: Check all that apply. If a condition is checked, please provide details in the space provided.

- Asthma ☐ _____
- Diabetes ☐ _____
- Heart Disease ☐ _____
- Hay Fever ☐ _____
- Eating Disorder ☐ _____
- Seizures ☐ _____
- Drug Allergies ☐ _____
- Food Allergies ☐ _____
- Physical Limitations ☐ _____
- Other ☐ _____

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

Please list all medications and dosage currently taking: _____

_____

_____

Revised: November 2017

Medical Information and Release Form

Insurance and Physician Information

Insurance Carrier	Policy Holder	Insurance Phone Number
Policy/Group Number	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

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.