



**MEDICAL RELEASE FORM**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Names of Parents / Guardians: \_\_\_\_\_

Street Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

Home phone number: (parent #1) \_\_\_\_\_ (parent #2) \_\_\_\_\_

Cell phone number: (parent #1) \_\_\_\_\_ (parent #2) \_\_\_\_\_

**Event: Ranchopalooza**

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**MEDICATIONS AND NON-EMERGENCY HEALTH TREATMENT**

[Please sign/authorize all of the following authorizations/directions that are applicable]

1. My child is currently taking the following medication(s), which he/she will bring on this activity, in well-labeled, original containers that include clear directions for dosage and frequency of use. I hereby give permission for an adult leader to administer the following medication(s):

**Medication:** \_\_\_\_\_

**Dosage/ Frequency of Use (AM or PM):** \_\_\_\_\_

2. I hereby grant permission for nonprescription medication (e.g., non-aspirin pain relievers, throat lozenges, cough syrup) to be given to my child, if deemed advisable by the adult supervisor of the activity, subject to the following exceptions (write "none" if there are no specific exceptions):

\_\_\_\_\_  
\_\_\_\_\_

3. Please list any known medical conditions or allergies that The Round Up staff needs to be aware of:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date