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## Medical Release Form – Child/Youth

This form grants temporary authority to a designated adult to provide and arrange for medical care for a minor in the event of an emergency, where the minor is not accompanied by either parents or legal guardians, and it may not be possible to contact them.

Child's Full Legal Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Gender: \_\_\_\_\_

Mother's/Legal Guardian's Name: \_\_\_\_\_  
Home or Cell Phone: \_\_\_\_\_  
Contact Number during activities: \_\_\_\_\_

Father's/Legal Guardian's Name: \_\_\_\_\_  
Home or Cell Phone: \_\_\_\_\_  
Contact Number during activities: \_\_\_\_\_

Emergency Contact Person if Parent is not available: \_\_\_\_\_  
Emergency Home or Cell Phone: \_\_\_\_\_  
Emergency Contact Number During Activities: \_\_\_\_\_

### Information for Medical Treatment

Physicians Name: \_\_\_\_\_  
Physicians Address: \_\_\_\_\_  
Physicians Phone Number: \_\_\_\_\_

### Board of Directors:

DanaRae Brouillette, President, Erin Patota, Vice President, Christine Monroy, Treasurer,  
Erin Sunday, Secretary, Deborah Erb, Ann Snyder, Caleb Steindel

EncoreHomeSchoolProductions.com  
30 E. Mt. Airy Road, Dillsburg, PA 17019



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Medical Insurer/Health Plan: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insurer Phone Number: \_\_\_\_\_

Allergies: Yes No

If yes, please describe: \_\_\_\_\_

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

Allergies to Medications? Yes No

If yes, what medications? \_\_\_\_\_

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

Current Medications: \_\_\_\_\_

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

Please note all conditions for which the child is currently receiving treatment: \_\_\_\_\_

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

Note any other significant medical information or allergies: \_\_\_\_\_

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



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My child may take ibuprofen/acetaminophen. Check this box if you give permission for us to administer ibuprofen/acetaminophen.

### AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S) AND RELEASE OF LIABILITY

I do hereby state that I have legal custody of the aforementioned minor. I grant my authorization and consent for Encore! Home School Productions' authorized adult (hereafter "Designated Adult") to administer general first aid for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and to treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care. It is understood that this authorization is given in advance of any such medical treatment but is given to provide authority and power on the part of the Designated Adult in the exercise of his/her best judgment upon the advice of any such medical or emergency personnel.

I also understand and agree that my child's participation in athletic and other activities involves the risk of injury and even death from various causes, including but not limited to accidents, fall, strenuous physical activity, dehydration, collision, weather, equipment defects, and negligence. On behalf of my child, I assume these risks. I hereby release, discharge, and hold harmless and indemnify, and covenant not to sue, Encore! Home School Productions and/or its representatives including staff, employees, trustees, and volunteers.

This authorization is effective: July 1, 2022 – June 30, 2023.

Printed Mother / Legal Guardian Name: \_\_\_\_\_

Mother / Legal Guardian Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Printed Father / Legal Guardian Name: \_\_\_\_\_

Father / Legal Guardian Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

This authorization and release must be completed before participants can participate in any activities. Treatment for injuries will be based on information provided herein.

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