



2017 HISPANIC YOUTH SYMPOSIUM

MEDICAL RELEASE FORM

** Entire form must be completed in full, signed and returned no later than **June 16th, 2017.**

Over-the-Counter Medications:

Please **place a check** beside the items listed below that you give the Hispanic Youth Symposium staff at The College of Idaho, permission to administer to your son/daughter while at this event, including generic brands.

If you **DO NOT** check any boxes the HYS staff **CANNOT** distribute any over-the-counter medications.

- | | | |
|------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Neosporin | <input type="checkbox"/> Dramamine | <input type="checkbox"/> Benadryl |
| <input type="checkbox"/> Tylenol | <input type="checkbox"/> DayQuil | |
| <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Tums or PeptoBismol | |

Please list any allergies or special dietary needs your child has:

If you leave this **BLANK** the HYS staff will presume your child has **NO** allergies or special dietary needs

Prescription Medications:

My son/daughter uses the following prescription medications:

If you leave this portion **BLANK** the HYS staff will presume your child is **NOT** taking any prescription medications.

Medication	Dosage	Purpose

Parent Medical Release:

By signing below you authorize and give your son/daughter permission to administer their own medications at this HYS event. You are agreeing that your son/daughter is physically and mentally capable, with or without reasonable accommodations, of participating in this HYS event. Disability accommodations must be requested through the HYS event coordinator by the permission slip deadline listed above. Your signature gives the University/HYS staff your permission to seek medical treatment for your son/daughter as deemed necessary or in the case of an emergency.

Student's Signature

Date

Parent/Guardian Signature

Date