

**SMAC Medical Release Form
Health History and Vaccination Form
2011**

Name: _____ **Birthday:** _____ **Sex:** _____
Parent(s): _____ **Telephone:** _____
_____ **Telephone:** _____
Alternate: _____ **Telephone:** _____
Doctor: _____ **Telephone:** _____

Past Health Problems: (e.g.: Asthma, Joints, Migraines, etc.)

Current Medications:

Drug Allergies:

Activity Restrictions:

I hereby permit my child to participate fully in any physically rigorous program. He/She is in good physical condition except for specific notation made above. I realize that there may be a risk to illness or physical harm that may come through the activities at SMAC for the calendar year of 2009. In case of a medical emergency, I hereby give permission for my child to receive treatment, injection, hospitalization, anesthesia, and surgery. I understand that every reasonable effort will be made to contact me (or my above designated alternative) prior to commencing medical procedures.

Signature of Parent/Guardian: _____

Date: _____