THE JINK & DIDDLE MEDICAL INFORMATION & RELEASE

In order to provide better assistance for any Jink & Diddle School participant who may become ill or have an accident, the following information is needed.

Name		Date of Birth	
Social Security Number			
In An Emergency, Notify			
Home Phone			
Address			
Work Phone	Hours at that Number		
Do you have any medical conditions If yes, please describe:	for which you are under a doctor's care?	NO	_YES
Do you have any physical limitations	which might need to be taken into conside		_YES
If yes, please describe:			
Are you on any sort of special diet or (We regret that Valle Crucis is unable to If yes, please describe:	cater to anyone with special dietary needs.)	NO	YES
Are you allergic to bee stings or inse	ct bites?	NO	YES
If yes, please describe the sort of rea	action you experience and the date you we	re last bitten or stung:	
What medications do you normally ta	ake if bitten or stung?		
	sheet the names of the medicines and the ns, you are encouraged to bring a plentiful		taking
It would be helpful to know the date of	of your last tetanus immunization:		
NAME, ADDRESS & PHONE NO. O	F PERSONAL PHYSICIAN		
MEDICAL INSURANCE POLICY INF	FORMATION		
In case of medical emergencies, loca	al medical facilities and/or hospitals will be	utilized.	
THIS SECTION MUST BE COMPLE	TED by participant - or parent, if participal	nt is a minor	
I,representative for the Jink and Diddle	, authorize John W. Turr e School to authorize treatment for	ner or his designated	
(name of participant)	D.I. ii. I	·_	
SIGNED		•	otic :s\
DATE	(For minors, pare	ents must sign the authoriza	ation)