

Maine Local Living School

CONTACT & HEALTH FORMS FOR MINORS (BELOW AGE 18)

Participant's Full Name:	Date:
Parent/Guardian's Full Name:	Relation to Participant:
Program Name:	

Dear Program Participant's (Below Age 18) Parent(s)/Guardian(s),

Please read and fill out this entire Document carefully before signing. This Document serves to collect your child's (hereafter, the "Participant's") medical information and emergency contact information for use during their program at Maine Local Living School. Please fill out this Document to the best of your ability with as much accuracy and detail as possible.

PARTICIPANT'S PERSONAL INFORMATION: Please fill out the Participant's personal information:

Participant's Full Name:	
Participant's Email:	Participant's Age:
Participant's Phone Number:	Participant's Pronouns:
Participant's Mailing Address:	

PARTICIPANT'S EMERGENCY CONTACT INFORMATION: Please fill out the Participant's emergency contact information:

EMERGENCY CONTACT #1	
Full Name:	
Email:	Relation to Participant:
Phone Number:	
Mailing Address:	



Is the Participant taking any **MEDICATIONS**? Please list the **medication names** and their **purpose**. (Note: In an emergency, if the Participant might need a Maine Local Living School staff member to administer any medications for them, please provide written instructions regarding the dosage, frequency and side effects.) **YES / NO**

Does the Participant have any **MEDICAL CONCERNS** that might impact their experience during their program at Maine Local Living School? Please include details about any **injuries, chronic physical limitations, emotional or social limitations**, or anything else that you can let us know in advance to help our staff to make the program safe and enjoyable for your child and everyone. **YES / NO**

By signing below, the Parent(s)/Guardian(s) agree that they have accurately completed the Participant's medical information and emergency contact information forms.

Parent/Guardian Printed Name:	Date:
Parent/Guardian Signature:	



MEDICAL TREATMENT AGREEMENT: In the event of an emergency or non-emergency situation requiring medical treatment, Maine Local Living School requires your permission to administer relevant medical and/or dental care to the Participant, until their Emergency Contacts can be contacted. This care includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.

By signing below, the Parent(s)/Guardian(s) agree that they have carefully read, understood, and voluntarily signed this agreement.

Parent/Guardian Printed Name:	Date:
Parent/Guardian Signature:	

HEALTH INSURANCE INFORMATION: Please fill out the Participant's health insurance information. Parent(s)/Guardian(s) of **Uninsured Participants** assume full responsibility for the cost of any medical treatment that may be necessary during or as a result of the Participant's Maine Local Living School program.

Medical Insurance Company / Carrier:
Policy Holder Name:
Policy Number:

By signing below, the Parent(s)/Guardian(s) agree that they have carefully read, understood, and voluntarily signed this agreement.

Parent/Guardian Printed Name:	Date:
Parent/Guardian Signature:	

