



<i>Debutante</i>	<input type="checkbox"/>
<i>Escort</i>	<input type="checkbox"/>
<i>Junior Debutante</i>	<input type="checkbox"/>

Medical Information and Release Form

Important: This form must be completed for all Cotillion activities. It is mandatory for each debutante, escort and junior debutante and must be signed by a parent or legal guardian before engaging in Cotillion activities. All forms will be stored in a secured location.

Participant Information

_____	_____	
Child's Name	DOB	
_____	_____	
Street Address	City/State/Zip	
_____	_____	_____
Mother's Name	Email Address	Phone Number
_____	_____	_____
Father's Name	Email Address	Phone Number

Medical Information

Instructions: Check all that apply. If a condition is checked, please provide details in the space provided.

Asthma	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	_____
Heart Disease	<input type="checkbox"/>	_____
Hay Fever	<input type="checkbox"/>	_____
Eating Disorder	<input type="checkbox"/>	_____
Seizures	<input type="checkbox"/>	_____
Drug Allergies	<input type="checkbox"/>	_____
Food Allergies	<input type="checkbox"/>	_____
Physical Limitations	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	_____

Date of Child/Teen's last Tetanus shot (mm/dd/yyyy): _____

Please list all medications and dosage currently taken: _____

Medical Information and Release Form

Insurance and Physician Information

Insurance Carrier

Policy Holder Insurance

Phone Number

Policy/Group Number

Primary Physician

Physician Phone Number

Release Information

Medical Authorization

I, _____, parent or legal guardian of _____ hereby give my consent for a chaperone or other adult representative of The Twenty Pearls Foundation, Incorporated to obtain such medical care as is reasonably necessary for the welfare of my child/teen, in the event of any emergency or other medical occurrence. I request that payment under my medical insurance program be made directly to the site of services rendered. I understand I am financially responsible for fees not covered by this authorization.

General Release

I, _____, the undersigned parent or legal guardian, do hereby release The Twenty Pearls Foundation, Incorporated, its chaperones or designees from any and all liability which might result from any personal injury claims or cause of action which might result directly or indirectly from my minor child's participation in any activity or trip which may be conducted under the supervision or direction of The Twenty Pearls Foundation, Incorporated.

Parent/Guardian Signature

Print Name

Relationship to Minor

Date

Important Notice: In accordance to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule regulation, it is important that all parties in receipt of this form, assure that the information contained on this document is properly protected while allowing the flow of health information needed to provide health care and to protect the individual's health and well-being. The purpose of the Privacy Rule is to define and limit the circumstances in which an individual's Protected Health Information (PHI) may be used or disclosed. Contents contained on this document should only be discussed or shared with the individual (or their personal representative) or for the treatment activities of any healthcare provider.