

Project Vacation Medical Release Form

Project Self-Sufficiency
Please complete one form per child

Child's Name: _____ Date of Birth: _____

Grade as of 9/2019: _____

Child Resides with: _____

Address: _____ City: _____ State: ___ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Parent's Name (if different than above): _____

Address: _____ City: _____ State: ___ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact Name: _____

Relationship to Child: _____

Address: _____ City: _____ State: ___ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Doctor's Name: _____ Phone: _____

Check if any of the following apply to your child's MEDICAL HISTORY (past or present):

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Chronic Fatigue | <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Seizures/Epilepsy |
| <input type="checkbox"/> Fainting/Lightheadedness | <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Difficulty Sleeping | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Frequent Headaches/Migraines | <input type="checkbox"/> Heart Condition (if "yes", please explain): | |

Is your child taking any MEDICATION (Prescription, Non-Prescription, Vitamins, etc.)

Does your child have any ALLERGIES and/or REACTIONS to food, medication, insects, or other agents?

Medicine/Food/Other

Side Effect

I am aware that Project Self-Sufficiency and its Community Work Site partners do not provide accident insurance. I agree to hold harmless the staff of Project Self-Sufficiency and the Community Work Site(s) from any injury which may occur while participating in this program. I also give permission for the non-commercial use of any activity photographs or video of my child/myself.

Signature: _____ Date: _____

**Completed registration and medical release forms must be returned to:
Project Self-Sufficiency, 127 Mill Street, Newton, NJ, 07860**

Questions? Call Project Self-Sufficiency at 973-940-3500