Consent to Medical Treatment/Release Medical History

MEMBER NAME:_____ BIRTH DATE:____/____/_____

MEDICAL CONSENT: In an event of any medical necessity, member and/or guardian authorizes and consents to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care that Impulse Youth Arts Organization "IYAO" supervisor(s) deemed necessary for the safety and protection of member. I recognize that the directors, officers, managers or chaperones consenting to such health care may reasonably and in good faith rely upon the advice furnished to him or her by the attending licensed health care provider(s).

Do You Have Any of Following?

Yes	No		Yes	No	
☐	☐	*Heart Condition*	☐	☐	*Epilepsy*
☐	☐	*Fainting Spells*	☐	☐	*Polio*
☐	☐	*Hypoglycemia*	☐	☐	*Dizziness*
☐	☐	*High Blood Pressure*	☐	☐	*Diabetes*
☐	☐	*Low Blood Pressure*	☐	☐	*Migraine Headaches*
☐	☐	*Mononucleosis*	☐	☐	*Breathing Disorder*
☐	☐	*Asthma*	☐	☐	*Back Problems*
☐	☐	*Bleeding Disorder*	☐	☐	*Wear Glasses/Contacts*
☐	☐	*Other pre-existing conditions:*			
☐	☐	*Allergies or allergic reactions (List below)*			

YEAR OF LAST TETANUS BOOSTER: _____

Have you had or been vaccinated for: Measles ☐ *Yes* ☐ *No* *Chicken Pox* ☐ *Yes* ☐ *No*

If yes to any of above, please explain:_____

_____

Are you currently under a physician's care for any illness or injury? ___ Yes ___ No
If yes, please explain _____

Are you currently taking any prescription drug? ___ Yes ___ No
If yes, please explain _____

Person to be contacted in emergency: _____ ( ) _____
Phone

Name of Primary Physician: _____ ( ) _____
Phone

Name of Medical Insurance**:** _____ Group Number: _____

Guardian/Primary Insured's Work Address (for insurance purposes):

Street:_____

City: _____ Zip:_____

Guardian/Primary Insured's Home address:

Street:_____

City: _____ Zip:_____

IYAO does not provide health insurance to its membership. Medical costs incurred during IYAO functions are the responsibility of the member and his or her family.

I have read this Medical Consent and understand the terms. I agree voluntarily with full knowledge of the significance of these terms.

_____ _____
Signature of corps member Date

_____ _____
Signature of parent or guardian if corps member is a minor Date

_____ _____
Print Name of corps member and/or parent or guardian as signed above Relationship