

Date of last Tetanus Shot _____ **An up-to-date tetanus shot is highly recommended!**

Current Medications:

Drug name, dosage & frequency

Drug name, dosage & frequency

Drug name, dosage & frequency

Known Allergies:

Enter medications, food, insects or other items to which you are allergic.

EMERGENCY MEDICAL RELEASE:

In the event of an emergency, I hereby give my permission for Trailhead Youth Ranch authorities to render whatever first aid is necessary and secure medical help and/or transportation by calling 911 when necessary. I understand that the information given on this form will be used as a permanent guide for emergency care, and it is my responsibility to notify Trailhead Youth Ranch of any change. I understand that Trailhead Youth Ranch and its officers, employees and volunteers assume no liability of any nature in relation to transportation or treatment. I further understand that all costs of paramedic transportation, hospitalization and any examination, x-ray or treatment provided in relation to this authorization shall be borne by the undersigned.

Signature of person listed on form, or parent/guardian signature if a minor

Printed name of person signing

Date