

**MEDICAL RELEASE**

TO PARTICIPANT:

1. All drugs and medications must be registered on this form;
2.  Check here if there are NO special problems that the staff should be aware of and NO drugs or medications are required on the trip;

<b><u>Name of medication</u></b>	<b><u>Dosage</u></b>	<b><u>Purpose</u></b>

*My initials represent that I have attached to this form a copy, front and back, of the medical insurance card representing coverage for me.* \_\_\_\_\_

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

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