

Vida Nueva of North Georgia
Part B – Candidate Medical Release Form

This form **must** be completed and appropriately signed by all weekend participants, parent, or legal guardian prior to any weekend activities. **The form will be held by the Vida Nueva Council Representative for the duration of any weekend.**

Please print legibly and, if necessary, use additional space on the back of this form.

Name of Candidate _____

Please indicate any and all:

Special diets/food allergies _____ or N/A

Medical allergies _____ or N/A

Medical conditions _____ or N/A

Will medications be given during this Vida Nueva weekend? _____ Yes _____ No

If prescription medication is to be taken during this Vida Nueva weekend, an adult member of the team will be designated to administer the medication.

Please list any medication along with dosage and times to be given on the next page

I consent to child receiving over the counter medications such as Tylenol or Advil _____ Yes _____ No

Other information _____ or N/A

Medical Insurance Company _____

Group # _____ Member # _____

Father's (or guardian's) name _____ Cell Phone _____

Mother's (or guardian's) name _____ Cell Phone _____

In the event of an emergency, I, as parent or legal guardian of _____ do hereby authorize and adult Vida Nueva leader as agent for me, to consent to my child receiving an x-ray, exam, medical, dental, or surgical diagnosis, treatment, and hospital care advised by a physician, surgeon or dentist as appropriate, licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I shall be obligated for all costs relative to any medical assistance and/or services rendered on behalf of _____. I release Vida Nueva from any legal responsibility related to medical treatment.

Signature of Parent or Legal Guardian

Date

Signature of Weekend Participant (over the age of 18)

Date

Sponsor's Name _____ Cell Phone# _____

**Vida Nueva of North Georgia
Medication Tracking Log**

Name of Candidate _____

The *Medication Tracking Log* is required to be completed by a candidate's legal guardian in order to ensure all medication is properly administered as it relates to type, amount, and frequency of medication.

MEDICATION TO BE GIVEN DURING A VIDA NUEVA WEEKEND

Medication	Dosage	Frequency (usual times taken)	Reason for Taking

Signature of Parent or Legal Guardian

Date

Signature of Weekend Participant (over the age of 18)

Date

Vida Nueva Team Member to Complete Below

Team Member Responsible for Medication Administration

Dorm Assignment