



Rotary Youth Leadership Awards
March 21-23, 2025

You must bring this form, in a sealed envelope, with you to board the Bus.

Students Name: _____

Doctors Name: _____

Doctors Phone Number: _____

Medical Release and Recent Medical History:

Has your child had any recent exposure to contagious disease?

Yes ____ No ____ If yes, what disease and when were they exposed?

Indicate any recent illness he/she may have had:

Are they subject to fainting? Yes ____ No ____

List any food or other allergies:

Please list any special medication instructions, including all medications now being taken:

All medications must be in the original container and placed in a zip lock bag with the Student's name ready to turn over to the bus monitor prior to boarding the bus. Medication will not be permitted in dorms.

I understand that my signature is for my son/daughter's Information, Medical Release and Medical History. ***(Must be signed prior to attending RYLA)***

Signature of Parent/Guardian

Date
