

**Medical and Waiver Form for Midnight Run**

I hereby give permission for my teen(s) \_\_\_\_\_  
to attend the AETY Midnight Run on January 20<sup>th</sup>, 2019. I empower Anshe Emeth Memorial Temple or  
its agents to act for me in accordance with their best judgment in the event of an emergency.

\_\_\_\_\_  
Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Teen(s) Name(s) \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone # (Home) \_\_\_\_\_  
(Work) \_\_\_\_\_ (Cell) \_\_\_\_\_  
(Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

**Emergency Contact Information (other than a parent):**

Name of Emergency Contact \_\_\_\_\_  
Telephone #s \_\_\_\_\_

Name of Alternate Emergency Contact \_\_\_\_\_  
Telephone #s \_\_\_\_\_

**Health Insurance Information:**

Name of Teen(s) Physician \_\_\_\_\_  
Telephone # \_\_\_\_\_  
Health Insurance # \_\_\_\_\_  
Policy # \_\_\_\_\_ Group # \_\_\_\_\_

**Please include a copy of both sides of your insurance card.**

**Medications:**

Does your Teen(s) require any medication? \_\_\_\_\_

*(Please Complete Both Sides)*

If yes, please provide the name of the medication, its purpose, and instructions for administering it. Your signature on this form indicates you have given us permission to administer the medication, if necessary.

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**Dietary Restrictions:**

Does your Teen(s) require vegetarian meals? \_\_\_\_\_

Does your Teen(s) have food allergies? \_\_\_\_\_

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