Rotary District 5300 | RYLA Rotary Youth Leadership Awards

Rotary Youth Leadership Awards
December 4-6, 2026

CREATE LASTING IMPACT

Rotary

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

Students Name: _____

Doctors Name: _____

Doctors Phone Number: _____

<u>Medical Release and Recent Medical History:</u>

Has your student had any recent exposure to any contagious disease?
Yes ____ No _____ If yes, what and when were they exposed?

_____

_____

Indicate any recent illness your student may have had:

_____

_____

Is your student subject to fainting? Yes___ No___

List any allergies (i.e. Food, Material, etc.)

_____

_____

Please list all medications now being taken, including any special instructions:
All medications must be in the <u>original container</u> 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 student's Information Release, Medical Release and Medical History. *(<u>Must be signed prior to attending RYLA</u>)*

Signature of Parent/Guardian **Date**

_____ _____