

CAJCL Medical Information
SCRAM (Southern California Regional Amici Madness)
November 16, 2024
Sage Hill School, Newport Coast 92657

FOR EVERYONE ATTENDING SCRAM (Please fill in and then print and sign.)

Last Name _____ First Name _____ M.I. _____

Cell Phone (_____) _____ - _____

School/Chapter _____ Sponsor/Chaperone _____

Emergency Contact _____ Relationship _____

Cell Phone (_____) _____ - _____

Please check over-the-counter medications we may give your child.

All ___ **OR** Tylenol ___ Advil ___ Tums ___ Pepto-Bismol ___ Imodium(anti-diarrhea) ___

Cough suppressant ___ Sudafed (decongestant) ___ Benadryl (antihistamine) ___

Other _____

Allergies _____

Does the attendee carry an EpiPen? YES or NO

List any medications the attendee takes regularly.

List any dietary restrictions and/or food allergies. _____

Parent/Guardian Signature _____ **Date** _____

FOR ADULTS (GRADUATED HS) ATTENDING CONVENTION ONLY:

I, the undersigned, hereby release and discharge the California Junior Classical League (CAJCL), Sage Hill School, and their officers, trustees, directors, employees, agents, teachers and volunteers from any and all liability arising out of, relating to, or in connection with the above-described event. For purposes of this release and waiver, liability means any and all claims, demands, losses, causes of action, suits or judgments due to any injury or illness to the person or because of any loss or damage to property that occurs while relating to the above-described event and that results from any cause other than the willful misconduct of CAJCL, Sage Hill School, or its affiliates.

I, the undersigned, also give permission to CAJCL and to use my name and photographic likeness in all forms and media for advertising, trade, and any other lawful purposes. I understand that I will not receive any compensation, financial or otherwise.

Adult Attending Signature _____ **Date** _____