

CAJCL Medical Information
Ludi Octobres
October 26, 2019
Menlo School, Atherton, CA

Everyone Attending *Ludi Octobres* : Please fill in, print, and sign.

Last Name _____ First Name _____ M.I. _____

Cell Phone (____) _____ - _____

Emergency Contact: Name _____ Relationship _____

Phone (____) _____ - _____

School/Chapter _____

Sponsor/Chaperone _____

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(anti-histamine)

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.

FOR ADULTS (GRADUATED HS) ATTENDING *LUDI* ONLY:

I, the undersigned, hereby release and discharge the California Junior Classical League (CAJCL), Menlo School, Menlo College, 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, Menlo School, Menlo College 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** _____