



## B Happy Medical Release

### Personal Information

*As listed on your photo ID*

<b>Full Name</b>	
<b>Date of Birth</b>	
<b>Gender*</b>	
<b>Email Address</b>	
<b>Cell Phone Number</b>	
<b>Address</b>	
<b>City/State/ZIP</b>	

\* Male (M), Female (F), Unspecified (X), Undisclosed (U)

### Health Insurance

*Please attach a copy of your insurance card or other proof of coverage*

<b>Name of Carrier</b>	
<b>ID #</b>	
<b>Group #</b>	

### General Concerns/Assistive Needs (please explain)

<b>Allergies</b>	
<b>Mobility</b>	
<b>Physical Limitations</b>	
<b>Dietary Restrictions</b>	
<b>Communication</b>	Good                  Shy                  Limited Conversation
<b>Please explain in detail any other special assistance the recipient may need other than those already identified</b>	



**B THE DIFFERENCE™**  
THE BRANDON MERRITT CHARITABLE FOUNDATION

**Medical Personnel**

*Please review the information above and complete the section below.*

"I have reviewed the information above and have discussed the B Happy trip with \_\_\_\_\_ and his/her parent(s)/guardian(s). It is my opinion that the individual is physically and emotionally fit to participate in this B Happy trip."

<b>Name of Licensed Provider</b>	
<b>Title</b>	
<b>Office Address</b>	
<b>City/State/ZIP</b>	
<b>Telephone</b>	
<b>Signature</b>	
<b>Date</b>	

**I consent that my electronic signature is my official signature. Electronic signatures are valid in all U.S. states and are granted the same legal status as handwritten signatures under state laws.**