



Emergency Medical Release & Liability Waiver

Participant's Name: _____
Birthdate: _____

Street Address: _____ City: _____
Zip: _____

EMERGENCY INFORMATION

Father's Name: _____ Home Phone: (____) _____ Cell/Bus Phone: (____) _____

Mother's Name: _____ Home Phone: (____) _____ Cell/Bus Phone: (____) _____

In an emergency when parent/guardian cannot be reached or is not applicable, please contact the following:

Name: _____ Home Phone: (____) _____ Cell/Bus Phone: (____) _____

Name: _____ Home Phone: (____) _____ Cell/Bus Phone: (____) _____

Allergies: _____

Other Medical Conditions: _____

Physician: _____ Cell Phone: (____) _____ Bus Phone: (____) _____

Medical/Hospital Insurance Company: _____ Phone: (____) _____

Policy Holder's Name: _____ Policy Number: _____

I hereby authorize the camp staff to take whatever actions may be necessary to obtain emergency medical care if warranted. These actions may include but not limited to the following; 1. Attempt to contact a parent or guardian; 2. Attempt to contact a parent through any of the persons listed on the emergency card; 3. Call 911 for assistance and have the child transported by ambulance to hospital if recommended by emergency personnel.

I the natural Parent/Guardian of _____ hereby authorize any physician or medical staff of a licensed hospital to provide treatment as deemed necessary until I can be notified. I understand this authorization is given in advance of any treatment being required.

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____

DATE: _____