

Medical Release / Emergency Contact Form

Organization: _____

ACTIVITY DETAILS

Activity Name *

Activity Date *

PARTICIPANT INFORMATION

Child's Full Name *

Date of Birth *

Parent/Guardian Name *

Parent/Guardian Phone *

Parent/Guardian Email

Emergency Contact Name *

Emergency Contact Phone *

MEDICAL INFORMATION

Allergies

Current Medications

Insurance Provider

Policy Number

Physician Name

Physician Phone

Authorized Pickup Persons

Special Health Conditions

I authorize emergency medical treatment for my child if I cannot be reached. I certify that the above information is correct to the best of my knowledge.

Parent/Guardian Signature

Date
