

Emergency Medical Release Form

Name _____
(Last) (First) (Middle Initial)

Address _____
(Street) (City) (State) (Zip)

Male: ___ Female: ___ DOB: ___ Phone: (____) _____

Parent's name: _____

Home Phone (if different than above): (____) _____

Emergency and Health Information (To be completed by all participants): General: Do you have:
(If "yes" explain)

___ Yes ___ No Allergies? _____

___ Yes ___ No Heart condition? _____

___ Yes ___ No Other? _____

Are you subject to: (If "yes" explain)

___ Yes ___ No Frequent nose bleeds? _____

___ Yes ___ No Upset stomach? _____

___ Yes ___ No Other? _____

Do you have reaction to: (If "yes explain)

___ Yes ___ No Bee stings? _____

___ Yes ___ No Penicillin? _____

___ Yes ___ No Other drugs? _____

___ Yes ___ No Poison Ivy, oak, sumac? _____

___ Yes ___ No Other? _____

___ Yes ___ No Have you had any serious illness or surgery within the past ten years? _____

___ Yes ___ No Do you have any condition that would prevent you from participating in any activities? Please list: _____

___ Yes ___ No Do you take any prescription medication? Please list: _____

___ Yes ___ No Are you diabetic?

___ Yes ___ No Do you have any sight or hearing impairment?

___ Yes ___ No Do you wear contact lenses?

Date of last tetanus shot: _____

Please indicate ANYTHING else that leaders should know to help avoid or deal with any health situation that may arise: _____

Emergency Information: **MUST BE INCLUDED:** Name of policy holder: _____

Health Insurance Co. _____ Policy No. _____

Name of another person to contact: _____ Friend ___ Relative ___

Address: _____

(Street) (City) (State) (Zip)

Telephone: (Home): (____) _____ (Work): (____) _____

Family doctor's name: _____ Work Phone: (____) _____

I, _____, give my consent to: _____

and the physician rendering services for examination, diagnostic test, X-rays, treatment, and hospital care for my child _____ during my absence. Please

(Child's name)

make every possible effort to contact me as soon as possible.

Parent's Signature: _____ Date signed: _____