



Emergency - Medical Release

Parent/Guardian

Name _____

Yes, this parent has custody.

Relationship _____

Email _____

Cell Phone _____

Parent/Guardian

Name _____

Yes, this parent has custody.

Relationship _____

Email _____

Cell Phone _____

Emergency Contact

Name _____

Phone _____

As a parent/guardian, I do hereby authorize the treatment of the following minor by a qualified and licensed medical physician in the event of a medical emergency which, in the absence of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment in my absence under emergency circumstances.

Participant's Name <i>(Print)</i>	
Parent/Guardian Name <i>(Print)</i>	
Parent/Guardian Signature	Date MM/DD/YY

Medical Allergies, Chronic Illnesses or Other Conditons:

Special Needs:
*Please note, requests for one on one assistance must be indicated at the time of registration.



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