

EMERGENCY MEDICAL RELEASE FORM

This form should be completed and returned to P3.

Participant's Name: _____ Birthday: ____/____/____
Street Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY INFORMATION

Father's Name: _____ Cell Phone: (____)____ - ____
Home Phone: (____)____ - ____ Work Phone: (____)____ - ____
Mother's Name: _____ Cell Phone: (____)____ - ____
Home Phone: (____)____ - ____ Work Phone: (____)____ - ____

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

Name: _____ Home Phone: (____)____ - ____ Cell Phone: (____)____ - ____
Name: _____ Home Phone: (____)____ - ____ Cell Phone: (____)____ - ____
Allergies: _____ Last Tetanus: _____

Other medical conditions: _____

Medication being used (include dosage/frequency): _____

Present state of health: _____

Family Physician: _____ Phone: (____)____ - ____

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

Policy Holder's Name: _____ Policy Number: _____

AUTHORIZATION FOR TREATMENT OF MINOR

I, the undersigned, understand and acknowledge that every effort will be made to contact the parents in case of an emergency, and, if possible, before any medical treatment is administered. In the event of an emergency or if the parents cannot be notified, I hereby give permission to secure proper treatment for my child as named on this form. If necessary, this includes selection of physicians and medical treatment facility who are then authorized to perform such medical treatments as deemed necessary to protect the health of my child.

In the event of any emergencies during the trip, the undersigned hereby grants authority to be exercised at the discretion of the program leader or chaperone to dispense over-the-counter medication.

Signature of Parent/Guardian: _____ Date: ____/____/____