



## Emergency Information and Medical Release

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contacts (2): \_\_\_\_\_

\_\_\_\_\_

\*If emergency medical treatment is required for \_\_\_\_\_ and we are not able to convey permission in a timely manner, then the undersigned authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician, or the medical facility providing treatment.

I have read this release statement and agree to it.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian

Signature \_\_\_\_\_ Date: \_\_\_\_\_