- SAMPLE -

Each minor participant and their parent/legal guardian
Must sign and complete this form before the participant can participate.

Medical Treatment Release Form

Health Insurance Carrier: _____ Policy # _____

Insurance Phone Number: _____

I, the undersigned parent/legal guardian, hereby give my permission for my son/daugher: _____ to participate in all activities sponsored by: _____ from: _____to _____. In the event of an injury/illness, I hereby give permission in advance for any emergency transporation and medical treatment as deemed necessary by qualfied medical or paramedical personnel including surgical treatment and/or hospitalization and hold the sponsoring organization: _____, and its representivties harmless in the exercise of this authority.

_____	_____	_____
Please print full name of Participant	Signature of Participant	Date
_____	_____	_____
Please print full name of Parent/Legal Guardian	Signature of Parent/Legal Guardian	Date

Participant's Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Birthdate: _____ Gender: _____

Family Email: _____

EMERGENCY NOTIFICATION	**ALTERNATE CONTACT**
Name: _____	Name: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____

Describe any health conditions requiring medication, treatment, or special restrictions. List any medication that the participant is currently taking. If the participant is under medication, please check to make sure that they bring their medication in the bottle prescribed by their physician and give to the person responsible for administering their medication.

Is the participant allergic to any medications, food, or bee stings? If so, please list: _____

If allergic to bee stings, does your child have an epi pen? _____

Immunization Records-Most Recent Date: DTP (Tetanus) - MMR Hib (Haemophilus influenzae) - Hepatitis B - Polio

Date: _____ Date: _____ Date: _____ Date: _____