

Emergency Medical Release Form

(Please print clearly)

Event name: _____ Event date: _____

1. **Child's first & last name:** _____ Grade entering _____

Allergies or special needs: _____

Insurance policy number: _____

2. **Child's first & last name:** _____ Grade entering _____

Allergies or special needs: _____

Insurance policy number: _____

3. **Child's first & last name:** _____ Grade entering _____

Allergies or special needs: _____

Insurance policy number: _____

4. **Child's first & last name:** _____ Grade entering _____

Allergies or special needs: _____

Insurance policy number: _____

Medical insurance carrier: _____

Pediatrician's name and phone: _____

Preferred hospital: _____

Parent/Guardian: _____

Parent contact phone - home: _____ cell: _____

Preferred email address: _____

Person to notify in case of an emergency (other than parent):

Name: _____ Relationship to child(ren): _____

Phone - home: _____ Cell: _____

Parent/Guardian Approval for Medical Treatment - In case I am unable to be reached, I hereby authorize the Directors to act for me according to their best judgment in an emergency requiring medical attention, and hereby waive and release NorthCreek Church, the Camp, and it's staff from any and all liabilities.

Parent/Guardian signature: _____ Date: _____