

Emergency Health Information and Waiver

Name of Participant: _____ Birthdate: _____

In case of emergency contact:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone: _____

Phone: _____

Physician: _____

Phone: _____

Health Insurance: _____ Policy # _____

Additional information we should know (include current medications and health problems):

In case of emergency, I understand every effort will be made to contact me (if adult, my spouse or next of kin). In the event I can not be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including, but not limited to, hospitalization, anesthesia, surgery, or injections and medications for my son (or me, if I am adult).

Date: _____ Signature of parent/guardian or adult _____