

**The Bauer CRC Youth Group
Emergency Medical Release Form 2017-2018**

If _____ needs emergency medical attention during any youth event during the time period of August 1, 2017 – August 31, 2018 in which he/she participates, I give authorization for the staff in charge of the youth function to obtain the medical treatment deemed necessary. I further release from any liability Bauer CRC and its' leaders in the event of any accident en route, during and returning from an event. I also give Bauer CRC permission to use any pictures from events for advertising purposes. Please fill out the following information and sign below. Thank you!

Contact Information

Home Address: _____
City: _____ St _____ Zip _____
Home Phone: _____
Father's Name: _____ Phone (work): _____
Cell: _____
Mother's Name: _____ Phone (work): _____
Cell: _____

Emergency Contact

Name: _____ Phone: _____
Relationship: _____
Address: _____
City: _____ St _____ Zip _____

Health Insurance/Medical Information

Birthday: _____ Grade: _____
Provider: _____ Phone: _____
Address: _____
City: _____ St _____ Zip _____
Policy Number: _____
Doctor: _____ Phone: _____
Allergies: _____
Medication: _____
Medical History: _____

Student Signature

Date

Parent/Guardian Signature

Date