

The Bauer CRC Youth Group Emergency Medical Release Form 2018-2019

If _____ needs emergency medical attention during any youth event during the time period of August 1, 2018 – August 31, 2019 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