

Medical & Emergency Contact Form

Medical & Emergency Contact Form

Description

Participant's First Name (Required): _____

Participant's Last Name (Required): _____

Address (Required):

Street: _____

Address Line 2: _____

City, State, Zip: _____

Parent/Guardian Name (Required): _____

Cell Phone (Required): () - _____

Home Phone (Required): () - _____

Parent/Guardian Name (Required): _____

Cell Phone (Required): () - _____

Home Phone (Required): () - _____

Emergency Contact 1 (Required): _____

Phone (Required): () - _____

Emergency Contact 2 (Required): _____

Phone (Required): () - _____

Allergies/illnesses your child may have (Required): _____

Is your child on any medications? If so, please list (Required): _____

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Insurance Policy # (Required): _____

Hospital preference (Required): _____

Are there any activities in which your child cannot participate in?
(Required): _____

I/We, the above participant, and/or spouse, and/or parent(s)/guardian(s) of the above participant, do hereby consent to my/our/his/her participation in the above program including all activities incidental to the program, including transportation to and from all activities of the program. I/we hereby give permission to use any photographs taken in this program. In consideration of the Town of Davidson conducting the above program, I/we do hereby release the Town of Davidson, and the program, including all officials, officers, sponsors, organizers, supervisors, volunteers, participants, and all other agents, of any and all claims, demands, rights, and causes of foreseen and unforeseen, bodily and personal injuries, damage to property/and the consequences thereof, resulting from my/our/his/her participation in the program and all activities incidental to the program.

Signature (Required): _____