

Conejo Valley Archers

Medical Release Form

One (1) form required per child

Parents/Guardians Name: _____

Full Address: _____

Home Phone: _____

Parent Contact Phone number(s) in case of emergency:

Authorized Emergency Contact Name _____

Address: _____

Phone #: _____

Child's Name: _____

DOB: _____ Male ____ Female _____

Physician's Name: _____

Physician Phone #: _____

Dentist Name: _____

Dentist Phone #: _____

STATEMENT of CONSENT:

In the event of an emergency or non-emergency situation requiring medical treatment, I, (parent/guardian) _____ hereby grant permission for any and all medical and/or dental attention to be administered to my child, in the event of an injury or illness, until such time that I can be contacted. This permission includes, but is not limited to the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.

Signature: _____ Date: _____

Recommended Insurance Information

Primary Insurance Company: _____

Group/Policy/ID #s: _____

Policy Holders Name: _____

Address: _____

Relationship to child: _____

Emergency Phone # _____

Recommended Health Information (otherwise note N/A)

Major Medical Conditions: _____

Food or Drug Allergies: _____

Prescription or OTC Drugs/dosage taken regularly: _____

General Information:

