

Medical Release

In the event that my student is injured and requires medical attention and I am unable to be reached at the number listed below, I authorize the leaders to give consent for medical treatment.

1) _____
Relationship to Participant _____
Home Phone _____
Cell Phone _____

2) _____
Relationship to Participant _____
Home Phone _____
Cell Phone _____

Health Insurance Company _____ Policy # _____
Address _____ Phone # _____

Name of Policy Holder _____ Phone # _____

Student Name _____ Parent Name _____

Student Signature _____ Parent Signature _____

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