



2009-2010 Chemung County Medical Release Form

Authorization of Consent to Emergency Medical Treatment for a Minor Child

Year: _____
 Club Name: _____ Participant Email: _____
 Participant: _____ AGE: _____ Birthday _____
 Address: _____ Sex: M F

Please list any health concerns, physical activity restrictions, or any other information you would want the director of this activity to know on behalf of your son or daughter. Continue information on the back of this sheet if needed.

Participants Doctor: _____
 Phone# _____
 Medicines child is taking _____
 Allergies _____
 Date of Last Tetanus shot: _____

If I can not be reached in an EMERGENCY, I hereby give permission to the physician selected by the authorized Cornell Cooperative Extension person in charge, to X-ray, hospitalize, secure proper medical treatment for, and to order injection, anesthesia, surgery or dental care for my child as named above.

Signature: _____ Date: _____
 (Parent or Guardian)

Adult Witness: _____ Date: _____
 (Not a Relative)

Father's Name: _____ Phone: _____ Work # _____
 Cell _____

Mother's Name: _____ Phone: _____ Work # _____
 Cell _____

If the above persons cannot be reached, notify the following (close relative or neighbor):

Name: _____ Phone: _____ Work # _____
 Address: _____ Relationship _____

Family Medical and Hospitalization Coverage

Name of Plan: _____ Health Insurance Co. _____
 Employer (if group insurance) _____
 Policy Holder: _____ Policy Number: _____
 Additional Insurance if any: _____

