

Emergency Information & Release

Name _____ Phone _____

In case of emergency, notify:

Name _____ Relationship _____

Home phone _____ Emergency phone _____

Name _____ Relationship _____

Home phone _____ Emergency phone _____

Allergy or reaction to any medications, foods, etc.? Please list:

Allergy to bee sting (describe reaction):

In case of emergency or if unable to contact emergency numbers, this form will authorize physician and/or hospital to provide medical treatment for me.

Signed _____ Date _____

Parent signature if under 18 _____

This information will be confidential