

# Medical Release Form Metro Calvary Youth

I, \_\_\_\_\_, hereby authorize the participation of my child,  
(parent/guardian name)

(Child Name) \_\_\_\_\_, in the youth activities. In the event of illness, injury, or emergency, I give my permission for Travis & Meghan Clark and adult leaders to make an emergency decision regarding treatment, hospitalization, secure proper treatment, anesthesia and/or surgery for my child named above (if parent contact is not available at the time of emergency. It will be the FIRST PRIORITY to reach the above named child's parents before treatment is given).

Emergency parental contact phone number: \_\_\_\_\_

Nearest relative or close friend: \_\_\_\_\_ Phone # \_\_\_\_\_

.....  
Special medications, medical disorders and instructions/dosages

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Family Physician or Medical Group: \_\_\_\_\_

Phone # \_\_\_\_\_

Insurance Company and Policy Number: \_\_\_\_\_

Parent/Guardian(s) signature \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE RETURN TO TRAVIS CLARK

Please let us know if there're concerns about child(s) swimming ability.

=====

**We need help with drivers to and from where we will be rafting in Coloma. (a hour drive)**

Must Be Finger Printed Through Metro Calvary

I can drive both ways \_\_\_\_\_

I can drive way one \_\_\_\_\_