

Medical Release Form

As parent or legal guardian of _____
(Child's name), I hereby give my consent for emergency medical
care prescribed by a duly licensed Doctor of Medicine or Doctor
of Dentistry.

This care may be given under whatever conditions are necessary
to preserve life, limb, or well-being of my dependent.

I further agree that a copy or facsimile of this form shall be
acceptable for emergency use.

Parent Name (Print):

Parent Signature: _____

Date: ____ / ____ / ____

Emergency Contact Numbers:

Insurance Information

Name of Insurance Company:

Insurance ID Number:

Name of Insurance Holder:

Date of Birth of Insured Holder:

Child's Name: _____

Date of Birth: _____

Please list any allergies or notable medical conditions:

If the rower has a food allergy, does it require that any foods be banned from the food tent?
