

**EMERGENCY MEDICAL RELEASE**

Participant name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Participant is a/n (circle one): Minor Adult with legal guardian Independent adult \_\_\_\_\_  
Telephone \_\_\_\_\_

Parent/Legal Guardian's #1 Name Telephone Number  
(participant under age of 18) (Cell/Home/Work)

Parent/Legal Guardian's #2 Name Telephone Number  
(participant under age of 18) (Cell/Home/Work)

**PERSON TO CONTACT IN CASE OF AN EMERGENCY AND PARENTS/GUARDIANS NOT AVAILABLE**

Name of Emergency Contact Telephone Number (Cell/Home/Work) Secondary Phone  
Number

Medical Insurance Company Policy Number Preferred Medical Facility

Name of Medical Doctor Doctor Telephone Date of Last Tetanus Shot

**RELEASE FOR AN ADULT PARTICIPANT**

If emergency medical care is required for me and if I am not able to convey permission in a timely manner, then the undersigned authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment. This provision will only be invoked if the emergency contacts are unable to be reached.

Signature of Adult Participant \_\_\_\_\_ Date \_\_\_\_\_

**RELEASE FOR A MINOR**

If emergency medical care is required for (child's name) \_\_\_\_\_ and if permission is not available in a timely manner, then the undersigned authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment. I have read this entire release and agree to it:

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_