

STIRRING SONS & DAUGHTERS' MEDICAL WAIVER/RELEASE FORM

NOTICE: This form must be completed in order for the participation of your child in any/all of the Stirring Sons & Daughters weekly or special events.

PHOTO RELEASE

I give permission for the following child(ren) to be photographed, interviewed, or videotaped. These photos, stories, or videos will be used for Sons & Daughters/The Stirring.

Child's Name Birthdate (00-00-0000)

Child's Name Birthdate (00-00-0000)

Child's Name Birthdate (00-00-0000)

Child's Name Birthdate (00-00-0000)

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Home Address

Email Address

Cell/Phone Number

EMERGENCY CONTACT INFORMATION

Name and Relation to Child(ren)

Cell/Home Phone

Name and Relation to Child(ren)

Cell/Home Phone

HEALTH INSURANCE INFORMATION

Insurance Company

Name of Primary on Insurance

Insurance Company Address

Insurance Company Phone Number

Medical Doctor

Doctor's Phone Number

MEDICAL HISTORY

Please provide any information regarding your child(ren)'s medical needs or concerns (allergies, conditions, dietary needs, medications, etc.):

OTHER INFORMATION

Please provide any other information we should know about your child(ren) or adult participant:

MEDICAL RELEASE

As a parent and/or guardian, I do herewith authorize treatment for:

by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger the life of your child(ren), cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. This release form is completed and signed on of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. I hereby agree to indemnify and hold harmless The Stirring employees and volunteer staff from any liability. I accept responsibility for any medical expenses as a result of any such injury sustained.

Signature of Parent/Guardian

Date