

STIRRING YOUTH MEDICAL WAIVER/RELEASE FORM

NOTICE: This form must be completed in order for participation in Catalyst events in 2017.

Name of Participant: _____ Birth Date _____

Student's Cell: _____ School: _____ Grade: _____

Parent(s) and/or legal guardian(s) of child participant: _____

Address: _____

Home Phone _____ Parent's Cell _____

Parent's E-mail _____

I would **NOT** like to be emailed about upcoming events, camps, etc.

Health Insurance Information

Insurance Company: _____ Policy Number: _____

Insurance Company Phone Number: _____

Medical Doctor: _____ Phone number: _____

Emergency Contacts:

Names of persons and telephone numbers to call in case of emergency:

Name: _____ Relation: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relation: _____

Home Phone: _____ Cell Phone: _____

Medical History:

Special medical needs or concerns (allergies, conditions, dietary needs/allergies, medications, etc.):

Other Information:

Other information leaders should know about the child or adult participant:

Medical Release

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor for _____ in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, 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 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.

Parent or Guardian Signature

Date

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