

# Medical Release Form

## Extreme Outdoor Adventure 2022

Parents voluntarily register their children for participation in Kids Outdoor Zone events. Parents are required to complete and sign the medical release form for each child registered to participate. Children will not be accepted into the program without this completed and signed form.

Childs Name: \_\_\_\_\_  
(Last Name, First Name)

Person to contact in Emergency:

\_\_\_\_\_  
(Last Name, First Name)

Relationship: \_\_\_\_\_ Phone: (\_\_\_\_)-\_\_\_\_\_ Cell: (\_\_\_\_)-\_\_\_\_\_

Other person to contact if we can't reach the name above:

\_\_\_\_\_  
(Last Name, First Name)

Relationship: \_\_\_\_\_ Phone: (\_\_\_\_)-\_\_\_\_\_ Cell: (\_\_\_\_)-\_\_\_\_\_

Medical File Information:

Your family physician or medical office: \_\_\_\_\_  
(Name of doctor or medical office)

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_)-\_\_\_\_\_

Please check if your child has any of these health problems. We need to be prepared.

Epilepsy \_\_\_\_\_ Heart Condition \_\_\_\_\_ Diabetes \_\_\_\_\_ Allergy \_\_\_\_\_

Does your child have other health problems we should be aware of? (circle one) YES NO

If YES, please explain here: \_\_\_\_\_

\_\_\_\_\_

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Is your child on any medications? (circle one) YES NO

If YES, please send medication in the original container with the prescription label or doctor's note as to how to administer.

Medical Insurance Coverage? (circle one) YES NO

Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Phone Number: (\_\_\_\_)-\_\_\_\_\_

I hereby release Kids Outdoor Zone and any staff from responsibility in case of illness, accident, or injury, I further give permission to any physician, hospital, or other medical facility to provide treatment to my child in the event of a medical emergency.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_