

CRE Medical Information and Release

Hospital/Clinic Preference:

Physician's Name and Phone Number:

Insurance Company and Policy Number:

Allergies/Special Health Considerations:

I authorize all medical and surgical treatment, x-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of emergency.

Please provide a copy of your Insurance Card.

Participant Name:

Printed: _____ Signature: _____

Date: _____

Parent/Guardian Name (if participant a minor)

Printed: _____ Signature: _____

Date: _____