



EMERGENCY CONTACT AND RELEASE FORM

(Updated Nov 9, 2017)

FAMILY INFORMATION			
Child's First and Last Name	Date of Birth	Current School	Gender
Responsible Party's First and Last Name	Relationship to Child	Drivers License No./State of Issue	
Home Address	City	ZIP	
Home/Cell Phone	Work Phone	e-mail address	
Other Parent's First and Last Name (if applicable)	Drivers License No/State	Child lives with?	
Home Address	City	ZIP	
Home/Cell Phone	Work Phone	e-mail address	
MEDICAL INFORMATION			
Physician's Name		Phone Number	
Address			
Insurance Company		Policy Number	
Allergies/Special Health Considerations			
<p><i>_____ 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 emergency medical personnel for my child and waive my right to informed consent of treatment. This waiver only applies in the event that neither parent/guardian can be reached in the case of an emergency.</i></p>			
SIGN OUT AUTHORIZATION / EMERGENCY CONTACTS			
<p><i>The following individuals have my unrestricted permission to sign my child out from Urban Workshop's Youth Program and should be contacted in an emergency when I cannot be reached. I understand I am required to notify Urban Workshop in advance in writing if an individual not listed will be picking up my child. My child will not be released to any individual not listed on this document, and Photo identification will be verified prior to the release of my child into their custody.</i></p>			
Name	Relationship	Telephone	
Name	Relationship	Telephone	
Name	Relationship	Telephone	
Name	Relationship	Telephone	

Parent/Guardian Signature

Print Name

Date