EMERGENCY (RED) CARD & RELEASE FORM

Child Name: _____ Birthdate: _____ Age: _____ Grade: _____
Last First

Address: _____ Home Phone: _____
Street City, Zip Code

1st Adult to Call: _____ Day/Wk Phone: _____
Name Relationship Cell Phone: _____
e-mail address: _____

2 nd Adult to Call: _____ Day/Wk Phone: _____
Name Relationship Cell Phone: _____
e-mail address: _____

OTHER PERSONS TO CALL IN CASE OF EMERGENCY WHO ARE AUTHORIZED TO PICK UP MY CHILD FROM THE BOYS AND GIRLS CLUB SITE OR ACTIVITY LOCATION:

Name: _____ Relationship: _____ Day Phone: _____
Name: _____ Relationship: _____ Day Phone: _____

Physician/hospital to call in case of emergency _____ Phone: _____
Dentist/clinic to call in case of emergency _____ Phone: _____
Insurance Provider: _____ Group #: _____ ID #: _____

Please List any Medical Problems or Allergies:

PARENT AUTHORIZATION

Initial each area you are giving permission and sign at the bottom.

PARTICIPATION (Initial):
_____I hereby give my permission for my child to participate in all activities and field trips including swimming. I also give permission for my child to travel in vehicles operated by Boys & Girls Club Staff, by METRO Transit Systems, and/or private transportation companies.

MEDICAL TREATMENT (Initial):
_____I hereby give permission that my child may be given emergency treatment including first aid and CPR by a qualified staff member of the Boys & Girls Club. I also give permission for my child to be transported by ambulance, treated by aid car personnel, and/or transported to an emergency care center for treatment. In the event that I cannot be contacted, I further authorize and consent to the medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health. I waive my right to informed consent to such treatment.

PUBLICITY (Initial):
_____I give permission for my child's picture to be used in publications or displays produced by the Boys & Girls Club and/or media (newspaper/TV) coverage of Boys & Girls Club activities.

SUNSCREEN (Please only initial 1 of the following):
_____I give permission for Boys & Girls Club staff to use parent-provided sunscreen on my child per instructions on product.
_____I do not wish any sunscreen applied to my child. I understand that many of the Boys & Girls Club activities are conducted out of doors and will involve exposure to the sun.

I certify (or declare) that I am the parent or legal guardian of the named child and that I have the authority to authorize the above actions.

_____ _____
Signature of Parent/Guardian Date