

Play4Autism Foundation Medical Release and Consent Form

Name of Child:

First: _____ Last: _____ Middle Initial: _____

Birthdate: _____ Gender: _____ Current Grade at School: _____

Parent(s)/Guardian

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

If not available in case of an emergency please notify:

Name: _____ Phone: _____

Relationship to Child and/or Family: _____

Please furnish current health insurance information

Health insurance Company: _____

Name on Policy: _____ Policy Number: _____

Please Note Child's Allergies and Medications

Food: _____ Penicillin and/or Other Drugs: _____

Insect Bites/Stings: _____ Poison Ivy, Oak or Sumac: _____

Other: _____ Current Medications: _____

Family Doctor: _____ Phone: _____

Please Attach a Separate Sheet if needed

I certify that my child is in good health to the best of my knowledge, and from past health examinations. I give permission for my child to engage in all activities, unless noted by me. If I cannot be reached in the event of an emergency, I hereby give my permission for the staff of The Play4Autism Foundation and/or there volunteers to obtain necessary medical attention. I hereby release and forever discharge all sponsors and partners and The Play4Autism Foundation, from any and all claims, demand, actions or cause of action, past, present or future arising out of any damages or injury while participating in all or part of, any of The Play4Foundation activities. The Release form is valid through May 31, 2015.

Dated the _____ day of _____, 20_____

Printed Name: _____ Signature: _____
