

Emergency Release Form



Girl's name:	D.O.B.
Parent/Guardian:	Relationship:
Address:	
Home phone:	Work phone:
Cell phone:	Email:

EMERGENCY MEDICAL AUTHORIZATION

In the event emergency medical aid or treatment is required due to illness or injury while participating in program functions, outdoor activities or field trips, I authorize MUTUAL Girls Club, it's agents or assigns, to:

1. Secure and retain medical treatment and transportation if needed, and
2. Release the girl's records upon request to the authorized individual or agency involve in the medical emergency treatment. This provision will be invoked only if the person listed below cannot immediately be reached.

Emergency Contact:	Phone number:
Physician's Name:	Phone number:
Preferred Medical Facility:	
Health Insurance Co.	Policy No.
Allergies:	
Medical Conditions:	
Medications:	

Signature	Relationship	Date

NON-CONSENT OPTION (ONLY)

If Parent/Guardian does not consent to the above emergency procedures and wishes alternate action taken, please state so here: _____

Signature	Relationship	Date

MISSION: To provide a safe environment for all girls to **LEARN** life-skills,
DISCOVER God given talents and **EXPERIENCE** the love of Jesus.