

**Coharie Days of Summer
Participant Medical Release Form**

Child's Name: _____ **Name Used:** _____
Address: _____ **City:** _____ **State:** _____
Home Phone Number: _____ **Sex:** _____ **Date of Birth:** _____
Work Numbers: Mother: _____ Father: _____
Contact Number During Event: _____
Child's Allergies/Medical Conditions, etc.: _____

Child's Doctor: _____ **Phone Number:** _____
Child's Dentist: _____ **Phone Number:** _____
Person to call in case of emergency if parents cannot be reached:
Name: _____ **Phone Number:** _____
Relationship to Child: _____
Child calls this person: _____

Permission Information:
I, _____, hereby give my permission to Coharie Country Club to act in my behalf in getting medical care for my child to should any emergency arise. It is understood that a conscientious effort will be made to locate me or my husband/wife before any action is taken if it is not possible to locate us, this expense will be accepted by us.

(Signature of Parent) (Date)

(Name of Insurance Company and Policy Number)

Please indicate below your child's experience with sports (i.e., taking lessons, currently participating on a team, etc.)

