

APPLES

Service-Learning

Student Union suite 3514 • CB#5210 • (919) 962-0902 • fax (919) 843-9685
<http://ccps.unc.edu/apples-service-learning/>

Emergency Contact and Medical Release

Name: _____ Date: _____

Please list any medical conditions or allergies the physician should be aware of.

Comments:

Emergency contact person, phone number and relationship to participant:

1. _____
2. _____

I understand that every effort will be made to contact the person I have listed to be called in case of an emergency. In the event they cannot be reached, I hereby give permission to the physician selected by the Service-Learning Initiative coordinator to hospitalize, secure proper treatment, and or order injection, anesthesia or surgery for me. I also give permission for first-aid treatment.

Signature of participant (or parent/guardian if under 18 years old)

Date