



## Emergency Medical Information and Release form

(Please print)

I, \_\_\_\_\_,

Parent or Legal Guardian of \_\_\_\_\_,

a minor child, hereby authorize any Medical or Surgical treatment which may be necessary in an emergency, and in my absence, for the well being of the above mentioned minor. I agree to hold the physician or hospital treating the above mentioned minor, harmless.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The above-mentioned minor is taking the following medications: \_\_\_\_\_

The above-mentioned minor has the following allergies or medical conditions: \_\_\_\_\_

Minor's Date of Birth: \_\_\_/\_\_\_/\_\_\_ Male: \_\_\_ Female: \_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

My address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary phone number: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Emergency alternate contact information:

Name: \_\_\_\_\_ Relationship to minor: \_\_\_\_\_

Full address: \_\_\_\_\_

Primary phone number: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Minor's Insurance Information:

Name of Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Insurance Company phone number: \_\_\_\_\_

*Money & Me is a program of The New York Credit Union Foundation, a 501(c) (3) non-profit organization. The National Credit Union Foundation (NCUF) is supporting this project by providing an Innovation Grant.*

