

2012MEDICAL&PHOTORELEASEFORM

	Last	First		Middle Initial
AGE: Birth	Date (month/date/y	rear) Currer	nt Grade	
PARENT/GUARI	DIAN'S NAME:			
ADDRESS:	Street/P.O. Box			
ADDRESS:	City	State	Zip Code	Country
HOME #: if parent/guar	rdian are not availa	Cell #	:	
Emergency Na	ime:	Phone:	Ce	ıll:
Emergency Name:		Phone:	Ce	ell:
	TORY (Attach a red :	ent copy of your child's		ls)
Medical Insura	ance Company:		Policy #:	
_ist allergies to	o any foods or medi	cation:		
Please list any	medical problems,	including the diagnosis:	:	
Please list any	medical problems,	including the diagnosis:	: 	
s your child c	urrently on any me	dication, including inhale	ers? Yes	
s your child c	urrently on any me	dication, including inhak	 ers? Yes If yes, does the	medication need to be taken
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