

Troupe Medical Release Form:

Parent/Guardian Name Mother: Day Phone	Froupe Member's Name		
Parent/Guardian Name Mother: Day Phone	Date of Birth/Sex_	Email	
Mother: Day Phone Cell Phone Father: Day Phone Cell Phone Please list an emergency contact to be called if parent can't be reached. Name Relation Phone Medical History List any medical condition that currently exists and any physical limitations the student may have. Is the participant under any medical care or have special limits? If so, please explain. I give permission to Action YCR to offer my child traditional over-the-counter medications such as Advil if requested. Circle On Date of last Tetanus shot (if known) Name of Insurance Company Policy # Policy Holder I affirm that the information given is complete and true to the best of my knowledge. I declare and consent to the authorization for medic by a licensed practitioner. I acknowledge my legal responsibility for any treatment provided for the above-named person. I hereby waive provisions of law regarding liability of Action Youth and Community Resources for medical care and treatment which may be presented authorization. All signatures are subject to verification. Signature of Parent/Guardian Date	AddressPhone		
Please list an emergency contact to be called if parent can't be reached. Name	Parent/Guardian Name		
Please list an emergency contact to be called if parent can't be reached. Name	Mother: Day Phone	Cell Phone	
Name	Father: Day Phone	Cell Phone	
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