

INSURANCE AND MEDICAL RELEASE FORM

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_____ (Participant's name) is in good health and can participate in normal activities. Pertinent medical information to be aware of is: _____

1. Hospitalization Company Name: _____

2. Policy #: _____

3. Doctor's Name: _____

4. Doctor's Address: _____

5. Doctor's phone : _____

6. Any illness that should be disclosed?

_____ Yes _____ No If yes, explain:

I authorize the calling of doctor and/or necessary medical services, which I shall pay for, unless covered by insurance.

Signed: _____

Date: _____

If attendee is a minor the parent or guardian must sign