

Administrator Kent Skating Club
P.O. Box 1122
Kent, Ohio 44240

EMERGENCY MEDICAL RELEASE – Part I

I, _____, of _____ am the _____
(Parent / Guardian full name) *(Address)* *(Father, Mother, Guardian)*

of _____, a minor, of _____, I hereby give my
(Child's Name) *(Child's Address)*

consent, in the event that all reasonable attempts to contact me at _____, or
(Phone Number)

_____ at _____ have been unsuccessful for: 1) the
(Other Parent or Guardian) *(Phone Number)*

administration of any treatment deemed necessary by Dr. _____,
(Preferred Physician) *(Phone Number)*

or Dr. _____, _____; or in the event that the appropriate preferred
(Preferred Dentist) *(Phone number)*

practitioner is not available, by a licensed dentist, and 2.) The transfer of the child to _____
(Preferred Hospital)

or any hospital reasonably accessible. The child is covered under the following Medical Insurance
Company: _____ and Policy Number : _____.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity of such surgery. The following information is needed by any hospital or practitioner not having access to the child's medical history:

Allergies: _____ Medication being taken : _____

Date of last tetanus shot : _____

Physical impairments (Heart, epilepsy, etc.) : _____

Other pertinent facts to which a physician should be alerted : _____

Parent / Guardian Signature : _____ Date : _____

