MEDICAL RELEASE FORM

Parent/Legal Guardian's Name_____

Address: _____

Phone #'s: Home _____-_____-_____ **Cell:** ____-_____-_____ **Work:** ____-_____-_____

Participant's Full Name: _____

List all known medical conditions – past or present, including food allergies and/or drug allergies. In addition, include any and all over the counter and/or prescription drugs taken regularly.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Emergency Contact:_____

Relationship to participant: _____

Phone #'s: Home _____-_____-_____ **Cell:** ____-_____-_____ **Work:** ____-_____-_____

2nd Emergency Contact: _____

Relationship to participant: _____

Phone #'s: Home _____-_____-_____ **Cell:** ____-_____-_____ **Work:** ____-_____-_____

Just For Kids of Utah County, Inc.
1238 North 1200 West · Lehi, Utah 84043 · 801-376-3567
Fax 801-766-2418 · justforkidsofutahcountyinc.com

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MEDICAL INFORMATION

Physician's Name:_____

Address: _____

Phone #: _____-_____-_____

Dentist's Name:_____

Address: _____

Phone #: _____-_____-_____

INSURANCE INFORMATION

Primary Insurance Company:_____

Address: _____

ID #: _____ **Group / Policy #:** _____

Phone #: _____-_____-_____

Policy Holder's Name: _____

Relationship to participant: _____

Billing Address: _____

Secondary Insurance Company:_____

Address: _____

ID #: _____ **Group / Policy #:** _____

Phone #: _____-_____-_____

Policy Holder's Name: _____

Relationship to participant: _____

Billing Address: _____

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MEDICAL RELEASE FORM

I am the parents/guardian of _____
the participant, in the Just For Kids of Utah County, Inc. HIVEs program and have the authority to represent him/her. I understand that Just for Kids will contact me in the event of an emergency. If I am unavailable, I authorize Just For Kids of Utah County, Inc., on my behalf, to take the necessary measures to ensure that my participant receives emergency medical treatment, including hospitalization.

I have read and understand the above and give my permission for the participant to attend all activities unless otherwise specified in the Just for Kids program.

_____ _____
Signature of Parent/ Guardian Date

Notary Public Section
STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____, who is/are personally known to me or satisfactorily proven to be the person who executed it for the purposes therein contained.

Notary Public
Print Name: _____
(Seal)

My Commission Expires: _____

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