

Emergency Contact and Medical Information for a Child

Child's Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name		
()	()	()	()
Home Phone	Cell Phone	Home Phone	Cell Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact
()	()
Home Phone	Cell Phone
Home Phone	Cell Phone
Address	Address
City, ST ZIP Code	City, ST ZIP Code

Medical Information

Hospital/Clinic Preference	
Physician's Name	Phone Number
Insurance Company	Policy Number
Allergies/Special Health Considerations	

I voluntarily give permission for my child to participate in the Lake Forest College National Girls & Women In Sports Day (NGWSD) event and am aware that this agreement includes an assumption of risk. I release and waive Lake Forest College and its employees from any and all liability of any kind, especially in case of accident during activities related to NGWSD, as long as normal safety procedures have been taken. I hereby authorize designated staff of the College to act for me in any medical emergency and will assume all cost for any medical treatment required.

Parent's/Guardian's Signature	Date
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