

**Coharie Days of Summer
Participant Medical Release Form**

Child's Name: _____ Name Used: _____

Address: _____ City: _____ State: _____

Home Phone Number: _____ Sex: _____ Date of Birth: _____

Work Numbers: Mother- _____ Father: _____

Contact Number During Event: _____

Child's Allergies/Medical Conditions, etc.: _____

Child's Doctor: _____ Phone Number: _____

Child's Dentist: _____ Phone Number: _____

Person to call in case of emergency if parents cannot be reached:

Name: _____ Phone Number: _____

Relationship to Child: _____ Child calls this person: _____

Permission Information: I, _____, hereby give my permission to Coharie Country Club to act on my behalf in getting medical care for my child should any emergency arise. It is understood that a conscientious effort will be made to locate me or my husband/wife before any action is taken. If it is not possible to locate us, this expense will be accepted by us.

(Signature of Parent) (Date)

(Name of Insurance Company and Policy Number)

Please indicate below your child's experience with sports (i.e., taking lessons, currently participating on a team, etc.)

