

# Life Song Youth Waiver & Parental Consent Form Emergency Medical Release and Liability Waiver

Event Name: \_\_\_\_\_

Participant's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ Participant's Cell # \_\_\_\_\_

### Emergency Information

Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_ Alternate # \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_ Alternate # \_\_\_\_\_

In an emergency when parent/guardian cannot be reached, please contact the following:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell # \_\_\_\_\_ Alternate # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell # \_\_\_\_\_ Alternate # \_\_\_\_\_

**HEALTH CONCERNS** (Please identify any allergies (to include foods), health problems, **medications**, or other health concerns):

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Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Dental Provider \_\_\_\_\_ Phone # \_\_\_\_\_

Medical/Hospital Insurance Company \_\_\_\_\_

Grp # \_\_\_\_\_ Policy Holder's Name \_\_\_\_\_

Policy # \_\_\_\_\_

**Additional Information that May Be Helpful:**

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***This authorization for Emergency Medical Treatment must be completed before participant can participate in any activities. Treatment for injury will be based on information provided herein.***

