



CHILD EMERGENCY INFORMATION, HEALTH HISTORY & MEDICAL RELEASE

Child's Name: _____
DOB: _____ Sex: _____
Father's Name: _____
Mother's Name: _____
Home Phone: _____
Home Phone: _____
Employer: _____
Employer: _____
Work Phone: _____
Work Phone: _____
Stepfather's Name: _____
Stepmother's Name: _____
Home Phone: _____
Home Phone: _____
Employer: _____
Employer: _____
Work Phone: _____
Work Phone: _____

Known Allergies Or other medical conditions:

Child's Physician: _____
Phone: _____
Parent's Insurance Co: _____
Policy #: _____

I, the natural parent/legal guardian of _____ authorize the following:

- Brickhouse and its staff to provide transportation to and from related Brickhouse activities
• Brickhouse, its staff, and ambulance to provide necessary emergency transportation
• Brickhouse Camp staff to provide basic first aid treatment
• Any physician or medical staff of a licensed hospital or clinic to provide treatment as is necessary until I can be notified. I understand this authorization is given in advance of any treatment being required.

Parent/Guardian Signature: _____
Date: _____