



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: \_\_\_\_\_