



Emergency Medical Information and Release form

(Please print)

I, _____,
Parent or Legal Guardian of _____,

a minor child, hereby authorize any Medical or Surgical treatment which may be necessary in an emergency, and in my absence, for the well being of the above mentioned minor. I agree to hold the physician or hospital treating the above mentioned minor, harmless.

Signature: _____ Date: _____

The above-mentioned minor is taking the following medications: _____

The above-mentioned minor has the following allergies or medical conditions: _____

Minor's Date of Birth: ___/___/___ Male: ___ Female: ___ Height: _____ Weight: _____

My address: _____

City: _____ State: _____ Zip: _____

Primary phone number: _____ Alternate phone: _____

Emergency alternate contact information:

Name: _____ Relationship to minor: _____

Full address: _____

Primary phone number: _____ Alternate phone: _____

Minor's Insurance Information:

Name of Company: _____

Policy #: _____ Group #: _____

Insurance Company phone number: _____

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