

# INFORMATION AND MEDICAL RELEASE FORM

(To be completed for youth and by adults)

Name:

Age:

Address:

Phone #:

City, State, Zip:

Name of person to contact in an emergency:

Phone #:

Father's Name:

Daytime Phone #:

Evening Phone #:

Mother's Name:

Daytime Phone #:

Evening Phone #:

Name of nearest relative and relationship:

Address:

Phone #:

Medicine you **are taking**:

Medicine you **cannot** take:

Allergies:

Special health problem/concerns:

Insurance Company:

Policy #:

Insurance Agent:

Phone #:

Address:

Doctor's Name:

Phone #:

Address:

## MEDICAL RELEASE FORM

**I hereby give my permission to have myself, or son/daughter, or ward treated by competent medical personnel as a result of an accident or medical emergency while**

**involved with Appalachia Habitat for Humanity.**

**Signed:** \_\_\_\_\_

**Date:**

\_\_\_\_\_