

## Emergency Health Information and Waiver

(a new one must be filled out for all Lodge weekends)

Name of Participant: \_\_\_\_\_ Birthdate: \_\_\_\_\_

In case of emergency contact:

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

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Policy # \_\_\_\_\_

Additional information we should know (include current medications and health problems):

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In case of emergency, I understand every effort will be made to contact me (if adult, my spouse or next of kin). In the event I can not be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including, but not limited to, hospitalization, anesthesia, surgery, or injections and medications for my son (or me, if I am adult).

Date: \_\_\_\_\_ Signature of parent/guardian or adult \_\_\_\_\_