

# Child Medical Waiver Form

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

## Medical Information

Allergies / Medical Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

Physician Name & Phone: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

## Authorization & Waiver

I, \_\_\_\_\_, as parent/legal guardian of the above-named child, hereby grant permission for medical treatment to be administered as deemed necessary and appropriate in the event of injury or illness during program activities. I understand and acknowledge that participation may involve risk, and I voluntarily waive, release, and hold harmless the organization, its staff, and volunteers from any and all liability or claims arising from participation.

Parent/Guardian Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Witness Signature

\_\_\_\_\_

Date

\_\_\_\_\_