

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
