

Mill Creek Community Club, Inc.
EMERGENCY INFORMATION AND AUTHORIZATION FORM 2017

_____ last name

FAMILY NAME: _____

ADDRESS: _____

HOME PHONE #: _____

CHILDREN:

Name	Age

PARENTS:

Name:		
Place of work		
Work phone		
Work address		
Cell phone		

In an emergency when you cannot reach one of the above, I authorize you to call:

1. _____ Phone #: _____
2. _____ Phone #: _____

If none of the above named can be reached, please call an ambulance, if necessary, to take my child to the nearest Emergency First Aid Station or hospital. I realize that Mill Creek Community Club, Inc. cannot assume responsibility of payment of medical fees or expenses incurred and agree to be responsible for those fees and expenses.

 Signature of Parent or Legal Guardian

 Date

For medical professionals

My child has the following condition which requires special handling in an emergency:

	Name	Phone	Address	
Doctor				
Doctor				
Dentist				