

Woodstock Recreation Center

54 River street

Woodstock Vermont 05091



**Emergency & Medical Info and release form**

Name \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell \_\_\_\_\_ Work \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Medical conditions \_\_\_\_\_

Medications \_\_\_\_\_

Physicians Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance provider \_\_\_\_\_

Certificate Number \_\_\_\_\_

Subscriber \_\_\_\_\_

**I give my permission for emergency medical treatment if a parent cannot be reached**

Parent /Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_