

EBC Group Trip Medical Release Form

In case of medical emergency, I realize that every effort will be made to reach me at the phone numbers listed below. However, in case I cannot be contacted, I give permission to the physician chosen by the group leader(s) to prescribe action necessary to deal with the emergency.

Name of Member: _____

Signature of parent (guardian): _____ Date: _____

Medical Insurance Information: _____

Allergies: _____

Medications: _____

Emergency Contact Phone Numbers:

- Daytime: (____) _____ - _____
- Evening: (____) _____ - _____