

ValleyView Youth 2020

Medical Info/Release Form

Please complete this form in its entirety.

Youth Name _____
Last First Middle

Age _____ Birthdate _____

Parent/Guardian _____

Home Address _____

Emergency Contact:

Home Phone _____ Cell Phone _____

Medical Conditions or Restrictions _____

Allergies _____

Current Medications _____

In case my child is in need of medical or surgical treatment to protect his/her health and welfare while participating at a ValleyView youth event, I authorize and give consent to the administering of such necessary medical and/or surgical treatment.

(Signature of Parent/Guardian) Date _____