



**SOUTHERN NEVADA DESERT MERMAIDS
EMERGENCY INFORMATION AND MEDICAL RELEASE FORM**

Today's Date (mm/dd/yy): _____

NAME _____ BIRTHDAY _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

FATHER'S NAME _____ OCCUPATION _____

EMPLOYER _____ PHONE _____

MOTHER'S NAME _____ PHONE _____

EMPLOYER _____ PHONE _____

EMAIL ADDRESS _____

ALLERGIES _____

OTHER PERSONS TO CONTACT IN CASE OF EMERGENCY

NAME _____ PHONE _____

NAME _____ PHONE _____

CONSENT AND MEDICAL RELEASE FOR NEVADA DE SERT MERMAIDS

I understand that during the 2011-12 season, my child will participate in various activities. I give permission for _____ to participate in these activities. In case of emergency, I authorize said adult leader (person must be 21 years of age) to act as my agent and to follow the procedures listed below, time & situation permitting, to make reasonable attempts to contact our named agents or myself. When my agents or I cannot be contacted the adult leader is to act on my behalf. Time & situation permitting, to contact the following medical doctor or hospital:

DOCTOR _____ PHONE _____

PREFERRED HOSPITAL _____ PHONE _____

INSURANCE CARRIER _____ PHONE _____

I authorize the adult leader to consent for any x-rays, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which are recommended by any licensed physician or surgeon. I understand that incomplete information above could delay my child from receiving needed medical attention _____ (initial).

NAME (PRINT) _____ DATE _____

NAME (SIGNATURE) _____ RELATION _____