



ZioN Skate Park of Watkinsville



Medical Release

In the event of an emergency the parent/legal guardian will be contacted immediately. If the parent/legal guardian cannot be reached, the emergency contact will be notified. In the case where neither the parent/legal guardian nor the emergency contact can be reached, the appropriate medical authorities will be contacted. Please complete the following information below to ensure that your child has the proper medical treatment.

Participant's Name _____

Medical Conditions _____

Current Medications _____

Allergies _____

Doctor to be notified in case of emergency _____

Doctor's Phone Number (_____) _____ - _____ (_____) _____ - _____

Primary Insurance Company _____

Phone #s (_____) _____ - _____ (_____) _____ - _____

Billing Address _____

Policy Holder's Name _____

Address _____

Relationship to participant _____

ID# _____ Group/Policy# _____

State of consent (to be signed in the presence of a legalized notary public):

In the event of an emergency or non-emergency situation requiring medical treatment, I, _____, hereby grant permission for any and all medical and/or dental attention to be administered to my child in the event of an accidental injury or illness until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid by ZioN Skate Park/Skate Shop Staff and/or qualified medical personnel, and the use of an ambulance and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel including, but not limited to any licensed physician, surgeon, dentist, clinic, or hospital to secure proper treatment.

Signature of Parent/Legal Guardian or Participant (over 18)

Date

Sworn to and subscribed before me this _____ Day of _____, 20_____.

Notary Public