

**Girls Incorporated® of Alameda County
Medical and Emergency Information
Medical Care Authorization**

Name of Program _____

(Staff use only)

Participant Name _____ Date of Birth _____

Address _____ City _____ Zip _____

School _____ Grade _____

Parent/Guardian Information

1) Primary Guardian _____ Relationship _____

Day Phone () _____ Evening Phone () _____

Cell () _____

2) Other Primary Guardian _____ Relationship _____

Day Phone () _____ Evening Phone () _____

Cell Phone () _____

Emergency Contact

Person to notify in case of emergency (if parent/guardian cannot be reached)

Name _____ Relationship _____

Day Phone () _____ Evening Phone () _____

Cell Phone/Pager () _____

Doctor/Dentist Information

Doctor and dentist to be called in case of emergency

Doctor _____ Phone () _____

Dentist _____ Phone () _____

Medical Insurance/Health Care Provider _____

Member or Policy Number _____

Medical/Health Information

Does participant have allergies to specific medications:

- Yes If yes, please specify _____
- No

Does participant have allergies to specific foods:

- Yes If yes, please specify: _____
- No

Does participant have allergies to insect bites:

- Yes If yes, please specify: _____
- No

List any medication(s) taken daily by participant:

Does participant administer the medication herself? _____

Girls Inc. staff may give my daughter Tylenol, Aspirin, Advil or Ibuprofen, as needed:

- Yes If yes, specify dosage allowed: _____
- No

Does participant have any chronic or recurring illness, such as asthma?

Please list date of last tetanus immunization, if known: _____

List any other health issues/medical conditions we should know about, such as car sickness, nose bleeds or heat sensitivity: _____

Are there any activities your daughter should not participate in? Please explain: _____

Girls Incorporated® of Alameda County Liability Agreement Release

I hereby authorize, as parent or legal guardian, for _____

(Participant's name)

to participate in Girls Inc. Programs. In consideration for this participation, I do hereby, for myself and my heirs and assigns, release and agree to indemnify and hold harmless Girls Incorporated of Alameda County, its employees, and volunteers from all liability, loss, claim, demand, action or cause of action which arises or may arise or be occasioned in any way by such participation. I also release and hold harmless Girls Incorporated of Alameda County, its employees and volunteers from all liability, loss, or claim which may occur in transporting my child for the purposes of participating in any Girls Inc. activity.

In the event of any injury or accident, I authorize emergency medical treatment for my daughter when I cannot be immediately contacted.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (Please print) _____