

Emergency Contact and Medical Information for a Child

Child's Name

Parent's/Guardian's Name

Date of Birth

Home Phone

Work Phone

Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

Home Phone

Cell Phone

Home Phone

Cell Phone

Medical Information

Allergies/Special Health Considerations

I release Sheltering Tree Ranch and individuals from liability in case of accident during activities related to Sheltering Tree Ranch, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature

Date

Emergency Contact and Medical Information for a Child

Child's Name

Parent's/Guardian's Name

Date of Birth

Home Phone

Work Phone

Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

Home Phone

Cell Phone

Home Phone

Cell Phone

Medical Information

Allergies/Special Health Considerations

I release Sheltering Tree Ranch and individuals from liability in case of accident during activities related to Sheltering Tree Ranch, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature

Date