



Circle of Friends

Medical Release / Insurance Information Form

(2022/23)

Volunteer/Participant Information:

Name (Participant/Volunteer): _____

Name (Parent/Guardian): _____

Medical Information:

<u>Allergies (food, medication, etc.) :</u>	
<u>Doctor's Name:</u>	<u>Doctor's Contact Number:</u>
<u>Name of Medical Insurance:</u>	<u>Medical Insurance Policy Number:</u>
<u>Medication Currently Taking:</u>	<u>Dosage (if applicable):</u>

I, _____, as a (Parent/Guardian) of _____, (Participant/Volunteer) hereby give Circle of Friends in Love Foundation permission to treat, transport by car or ambulance to a doctor or emergency center for treatment. Furthermore, I agree to not hold Circle of Friends in Love Foundation liable for any accidents and/or fees accrued.

Signature: _____

Date: _____