



Circle of Friends

Circle of Friends in Love Foundation / www.cof4u.org / 20942 E. Canyon Ridge Road, Walnut, CA 91789
501(c)(3) Non-Profit Organization: Federal Tax I.D. Number: 20-4093729
(909)720-3663 cof4you@gmail.com

Medical Release / Insurance Information Form
(COF Catalina Camp 2023)

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: _____