



Circle of Friends

Circle of Friends in Love Foundation / [www.cof4u.org](http://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**

(2023/24)

**Participant Information:**

Name (Participant): \_\_\_\_\_

Name (Parent/Guardian): \_\_\_\_\_

**Medical Information:**

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

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: \_\_\_\_\_