

Farm at Trinity Health Ann Arbor
Emergency Contact and Release Form

Participant Information

First Name

Last Name

Date of Birth

Primary Guardian Information

First Name

Address

Last Name

Phone

Email

Relationship to participant

Secondary Guardian Information

First Name

Address

Last Name

Phone

Email

Relationship to participant

List ALL persons, including parents, who can either pick up and/or assume responsibility for the participant in the event the primary guardian cannot be reached:

Name

Phone

List any persons NOT authorized to pick up or drop off the participant

Over...

...Continued

Does participant have any health concerns (medications, chronic conditions, behavioral or mental disabilities) that we should know about to facilitate safe and successful participation? Yes No

If yes, please describe:

Known allergies and reactions:

Medications and frequency of use:

Physician Name, Phone

Dentist Name, Phone

Please share any additional information concerning the participant which may be helpful:

AUTHORIZATION FOR EMERGENCY MEDICAL CARE:

I hereby give permission to the staff of The Farm at Trinity Health to secure emergency medical and/or surgical treatment for my child while in their care. All expenses of such care will be accepted by the parent(s)/legal guardian, including fees for an ambulance, if deemed necessary by Farm staff. I realize attempts to reach me prior to any decisions will be made unless a life-threatening situation is at hand or circumstances do not allow.

Signed:

Date:

Parent or Legal Guardian Printed Name: