

SLOVAK CATHOLIC SOKOL EMERGENCY INFORMATION FORM 2017

July 12-16, 2017

SUNY Brockport

Participants Name: _____

Address: _____

City, State, Zip Code _____

Phone: (_____) _____ Date of Birth: _____

MEDICAL INFORMATION

(Please highlight any important information that the group leaders and the Supreme Physical Fitness Board should be aware of)

Are you being treated for a medical condition? (if yes, please specify) _____ yes _____ no

Have you had any serious illnesses? (If yes, please specify) _____ yes _____ no

Are you currently taking any medication? (If yes, please specify) _____ yes _____ no

Date of last Tetnus Booster? Date _____ Check here if you do not know _____

Family physician: _____

Phone number: (_____) _____

Parent or Guardian Signature: _____ Date: _____

AUTHORIZATION FOR OPERATION, ANESTHETIC, X-RAYS AND TREATMENT

I HEREBY AGREE TO THE PERFORMANCE OF SUCH OPERATION(S), ANESTHETIC(S), X-RAY(S), OR TREATMENT THAT, IN THE OPINION OF THE ATTENDING PHYSICIAN IS DEEMED NECESSARY ON IF PARENT CANNOT BE REACHED:

Participants Name: _____

Dated: _____

Signature of Parent or Guardian

Witness: _____

Group Physical Director or Directress

In consideration of the benefits to my child and to other children to be gained by participating in the **Slovak Catholic Sokol International Slet** sponsored by the Slovak Catholic Sokol in Brockport, NY, I hereby release, forever discharge, and hold harmless, the Slovak Catholic Sokol, its Officers, Assemblies and Wreaths and anyone else connected with the Sokol Organization from any and all rights and claims for damages which I may have or which may hereafter occur to me arising out of the participation in and transportation to and from and during said SLET--- July 12 – July 16, 2017.

PARTICIPANT: _____

PARENT'S SIGNATURE: _____

NAME OF PARENT'S MEDICAL INSURANCE _____

POLICY NO: _____