Mill Creek Community Club, Inc. last name EMERGENCY INFORMATION AND AUTHORIZATION FORM 2020

CHILDR				
	REN:		PARENTS:	
	Name	Age	Name:	
			Place of work	
			Work phone	
			Work address	
			Cell phone	
		ibility of payme ses and expenses		or expenses incurred and agree to b
	e of Parent or l	Legal Guardian		Date
Signature	professionals	ving condition w	hich requires spec	ial handling in an emergency:
medical	has the follow	ing condition (
medical	has the follow	, mg condition (Phone	Address
cannot as responsit	ssume respons ole for those fe	ibility of payme ses and expenses Legal Guardian	nt of medical fees of	Date