



Child's Name and birthday: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

e-mail address: \_\_\_\_\_

### MEDICAL RELEASE

I hereby declare that my child listed above is in good physical condition and I give my consent for my child to participate in all activities of the SNAP Programs. I hereby give the program instructors and staff permission to render or direct any and all medical attention necessary to be administered to my child in the event of an accident, injury, sickness, etc., until such time as I can be contacted. I also hereby assume the responsibility for payment for any such medical attention.

Signature of Parent: \_\_\_\_\_

Printed Name of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Child's physician: \_\_\_\_\_

Physician's address: \_\_\_\_\_

Physician's phone #: \_\_\_\_\_

Child's known allergies: \_\_\_\_\_

**\*\*\*Please bring this form to the first session of the program\*\*\***