



Medical Release Form

Required if you have a minor (under 18) on PRA property.

I give my permission for the staff at Piedmont Recreation Association to seek medical treatment for my child(ren) if they becomes injured or ill while on PRA property, or while at PRA events. I understand that my child(ren) will be taken by car or ambulance to the hospital/emergency room for appropriate treatment as directed by the emergency room physician.

Members Full Name:					
Address:					
Mother's Name					
Cell Phone Number:		Work Phone:			
Father's Name:					
Cell Phone:		Work Phone:			
Emergency Contact (<i>other than parent</i>)					
Cell Phone:		Work Phone:			
CHILDREN'S INFORMATION <i>List medical problems, chronic illnesses, allergies, or pertinent information that a medical professional would need in the case of an emergency:</i>					
Child's Name:		Age:		M/F:	
Medical Information:					
Child's Name:		Age:		M/F:	
Medical Information:					
Child's Name:		Age:		M/F:	
Medical Information:					
Child's Name:		Age:		M/F:	
Medical Information:					
Parent/Guardian Signature:				Date:	