

EK KARDIA MEDICAL CONSENT AND PERMISSION FORM
2010-2011

*** Please note: Every line item must be completed***

Name _____ Birth Date _____

Address _____

Home Phone _____ Cell Phone _____

Please accept this as permission for _____ to participate in all activities by Ek Kardia, Inc. during the period of September 1, 2010 to August 31, 2011. As part of these activities, she has my permission to travel with the assigned adult driver.

I hereby authorize an adult officer and/or the assigned adult in charge to arrange all necessary emergency medical treatment that my daughter may require while under the supervision of the adults in charge in the event the undersigned is unable to consent to this emergency treatment.

The undersigned hereby agrees to indemnify and hold Ek Kardia, Inc. harmless from the acts of the above-named while participating in the meetings and activities of Ek Kardia, Inc.

Date of last Tetanus shot _____ **Date of last TB test** _____

Any special instructions or information (such as allergies) we should know:

Medical Group Insurance Carrier:

Company Name _____ Policy # _____

Company Address _____

Physician's Name _____ Phone # _____

Dental Insurance Carrier:

Company Name _____ Policy # _____

Company Address _____

Dentist's Name _____ Phone # _____

Alternate Emergency Contact: _____

Signature of Parent _____

Work Phone / Cell Phone _____

Date: _____