

TRPC Minor Clinic Medical Release Form

Additional comments can be written on back.

All participants under 18 years old must have these forms completed and signed by Parent / Legal Guardian.

Child's Name:	Birthday:	Age:
Parent/Guardian:	Phone:	
Address:		
City:	State:	Zip:
List any physical limitations or medical conditions that apply to this child such as allergies, diabetes, epilepsy, etc.:		

Parent / Legal Guardian Authorization:

I hereby approve of my son's / daughter's attendance at the Three Rivers Paddling Club Youth Clinic and certify that he / she is in good health and able to participate in the clinic activities. I authorize the instructors to act for me according to their best judgment in any emergency

Parent / Legal Guardian's Signature (in ink):	Date:	
Hospitalization Insurance Company:		
Policy / Group Number:		
Date of last Tetanus shot (if known):		
During the clinic, I can be reached at (phone number):		
If you are unable to reach me, please contact:		
Address:		
City:	State:	Zip:
Phone:		
Additional comments or questions:		