



ВОСЬМИЙ КУРІНЬ У.П.С. ІМ. ГРИГОРА ОРЛИКА



53-тя ОРЛИКІЯДА
14-го і 15-го листопада, 2015 р.
на оселі УН Союзу *Союзівка*
Кергонксон, НІ

EMERGENCY MEDICAL CONSENT FORM

Orlykiada Bulava has my permission to obtain emergency medical treatment for my child, _____, if I cannot be reached or if a delay in reaching my child reasonably appears to be dangerous for him/her.

Mother/Guardian's Name _____

Home Phone: _____ Cell Phone: _____

Father/Guardian's Name _____

Home Phone: _____ Cell Phone: _____

Hospitalization / Insurance Coverage for Above Named Minor:

Insurance Provider or Government Program: _____

Name on the Insurance Policy: _____

Policy Holder's Number: _____

Family Physician or Pediatrician:

Name: _____ Phone Number: _____

Personal Information:

My child is taking the following medications: _____

My child has the following allergies: _____

I understand that I assume all financial responsibility for any treatment or injuries sustained by my child while he/she is participating in Orlykiada.

Signature of Parent or Guardian

Date