



**8-ИЙ КУРІНЬ У.П.С. “ОРЛИКІВЦІ”  
ІМ. ГРИГОРА І ПИЛИПА ОРЛИКІВ**



**60-ТА ОРЛИКІЯДА**

9-го і 10-го листопада, 2024 р.  
на оселі УН Союзу *Союзівка*  
Кергонксон, НЙ

**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