



Emergency and Medical Information

Name _____

Parents Name _____

Phone number of Emergency Contact _____

Insurance Company Name _____

Policy Number _____

Drug Allergies _____

Medical Release

I, _____, do hereby grant the adults of the West Virginia District NYI the power of attorney to grant my child, _____ medical attention in the event of an emergency. I understand that every attempt will first be made to contact me, but in the event that I cannot be reached, the West Virginia District NYI is authorized to act on my behalf. I also release those said adults and the West Virginia District from any liability.

Signed _____ Date _____

Mail this form with your registration form to Sue Gibbs by August 2nd.
Sue Gibbs
58 Terra Rosa Dr