

## HULL LIFESAVING MUSEUM EMERGENCY CONTACT FORM

### CHILD

REGISTRATION DATE	
LAST NAME	
FIRST NAME	
AGE	
DATE OF BIRTH	

### PARENTS AND GUARDIANS

LAST NAME		FIRST NAME	
RELATIONSHIP TO CHILD			
ADDRESS			
CITY		STATE	
HOME PHONE		WORK PHONE	
CELL PHONE		EMAIL	
LAST NAME		FIRST NAME	
RELATIONSHIP TO CHILD			
ADDRESS			
CITY		STATE	
HOME PHONE		WORK PHONE	
CELL PHONE		EMAIL	

### OTHER EMERGENCY CONTACT

CONTACT NAME	
RELATIONSHIP TO CHILD	
HOME PHONE	WORK OR CELL PHONE

### MEDICAL INFORMATION

DOCTOR	
OFFICE ADDRESS	
CITY	STATE
OFFICE PHONE	AFTER HOURS PHONE
ALLERGIES	
MEDICAL PROBLEMS	
MEDICATIONS	

### AUTHORIZED RELEASE

PLEASE LIST BELOW ANYONE TO WHOM YOU GIVE PERMISSION TO PICK-UP YOUR CHILD FROM THE LIFESAVING MUSEUM PROGRAMS. IF YOU GIVE PERMISSION TO NOONE, LEAVE THIS BLANK.

NAME		PHONE	
NAME		PHONE	

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_