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Coed National Honor Fraternity

Medical Release and Liability Form

BROTHER'S INFORMATION

Name _____

Date of Birth (mm/dd/yyyy) _____

Current Street Address _____

City _____ Zip _____

EMERGENCY INFORMATION

Father's Name _____

Home Phone (_____) _____ Bus Phone (_____) _____

Mother's Name _____

Home Phone (_____) _____ Bus Phone (_____) _____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name _____

Home Phone (_____) _____ Bus Phone (_____) _____

Name _____

Home Phone (_____) _____ Bus Phone (_____) _____

Allergies _____

Other Medical Conditions _____

THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE

COMPLETED BEFORE A BROTHER CAN PARTICIPATE IN ACTIVITIES.

TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.

Brother's Name (Please Print) _____

Brother's Signature _____ Date _____

NOTE: PLEASE BE SURE TO ALWAYS CARRY A COPY OF YOUR INSURANCE CARD.

~THANK YOU~