



## Medical/Insurance Information

### Personal Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Alt. Phone (\_\_\_\_) \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Drug Allergies \_\_\_\_\_

General Allergies (Environmental / Food) \_\_\_\_\_

Please provide any current medication information \_\_\_\_\_

### Emergency Contact (if a minor, at least one must be a parent or guardian)

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

### Insurance Information

Insurance Provider \_\_\_\_\_ Name on Policy \_\_\_\_\_

Policy #/Health ID \_\_\_\_\_ Family Doctor and Contact \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

\*Even though we emphasize safety, sometimes injuries happen. All participation is at your own risk.

I do not have medical insurance.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Parental Consent (for all minors)

I \_\_\_\_\_ give parental consent for \_\_\_\_\_ to participate in Thieves Guild training, performances, or other activities. I understand I am responsible for the prompt delivery and pickup of my child as there will be no supervision after the designated time.

### Medical Release (for all minors)

I, the undersigned parent of \_\_\_\_\_, a minor, do hereby authorize representatives of the Thieves Guild to use their best judgment in obtaining medical treatment for my child while participating in training, performances or Guild activities. I give permission to the medical, dental or emergency room staff selected to render any emergency treatment necessary. I understand that any costs incurred for such emergency treatment shall be my sole responsibility.

Signature \_\_\_\_\_ Date \_\_\_\_\_