

Sheridan Beach Community Club
2009 Emergency Information & Authorization Form

Child(s) Name _____ DOB _____

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Child(s) Name _____ DOB _____

Parent/Guardian Name(s):

Parent/Guardian Phone Numbers (please list all applicable):

Alternate Emergency Contact(s) & Phone Number(s):

Doctor(s) Name & Phone Number(s):

Dentist(s) Name & Phone Number(s):

Special Health Concerns, Allergies or Limiting Physical Disabilities:

Prescription Medications:

Insurance Information:

I, the undersigned, am a parent or legal guardian of the above-named child(ren). In the event the child(ren) is/are injured or develop an illness requiring medical care, I request that a staff member of the Sheridan Beach Community Club first try to contact me or other parent/guardians listed below. If I and the other parent/guardians cannot be reached quickly by telephone, I authorize a SBCC staff member to seek health care for the child from any of the doctors listed above, and to transport or arrange reasonable transportation of the child(ren) (including ambulance) to be seen by the doctor(s) listed above or at a hospital emergency room. I further authorize the doctors or emergency health care personnel to provide such emergency treatment as in their professional discretion must be provided to the child under the circumstances until such time as I or other parent/guardians have been contacted. Sheridan Beach Community Club is not responsible for the costs or expenses of transportation or health care, nor is it responsible for the quality or results of health care. I affirm that my child(ren)'s health is good and they they do not have any undisclosed condition which bears upon their fitness to participate in activities at Sheridan Beach Community Club. I assume all obligations, financial and otherwise, which might result from participation and any injury which may occur. I hold blameless and release Sheridan Beach Community Club, its Staff, Board and all other related agencies from all liability for injury or personal loss resulting from participation in SBCC activities.

Signature of Parent/Guardian

It is the responsibility of parents/guardians to provide up-to-date information to the Sheridan Beach Community Club concerning the names and phone numbers of persons who should be contacted in the event of an emergency. Please bring this form to the SBCC Office.