

Queen City Gavel Club
Medical Release for Gavel Club
Sponsored Events and Meetings

Student's Name: _____

Street Address: _____

City, State, Zip: _____

Student's Cell Phone (if applicable): _____

Known allergies to foods, drugs, insect stings or bites: _____

Special medical concerns or conditions that the Gavel Club Sponsors should know about (e.g. epilepsy, asthma, diabetes, etc.): _____

If you drop your child off at Gavel Club and he/she becomes sick, what is the best way to reach you? _____

Mom's cell/home/work number: _____

Dad's cell/home/work number: _____

(Optional) Friend/relative's name: _____

Friend/relative's phone number: _____

We have not had any accidents at Gavel Club, but in case of an emergency, we need a medical release. Every effort to contact a parent will be made before seeking treatment.

In the event of a serious injury or illness to my son/daughter (name) _____,

born _____ (date), I hereby authorize the Queen City Gavel Club representative to

secure whatever treatment is deemed necessary. This authorization is valid from August 1, 2023 until

June 30, 2024.

Parent's signature: _____ Date: _____

Gavelier's signature: _____ Date: _____