

**GLOBAL CITIZENSHIP ACTION PROJECT (GCAP)
CHILD EMERGENCY RELEASE FORM
FOR USE 20-23 OCTOBER 2013**

NAME OF CHILD

DATE OF BIRTH

NAME OF PARENT/S OR LEGAL GUARDIAN/S

ADDRESS

CONTACT NUMBERS:

HOME: _____

WORK: _____

CELL: _____

DOES YOUR CHILD HAVE ANY SERIOUS ALLERGIES OR MEDICAL CONDITIONS HIS OR HER CHAPERONE(S) NEEDS TO BE AWARE OF? **PLEASE CIRCLE YES/NO**

IF YES, PLEASE DESCRIBE BELOW

I HEREBY GIVE PERMISSION TO THE FOLLOWING INDIVIDUAL/S

TO SECURE EMERGENCY
MEDICAL AND/OR EMERGENCY TREATMENT FOR THE ABOVE NAMED MINOR
CHILD WHILE IN CARE.

NON-EMERGENCY MEDICAL TREATMENT OR ELECTIVE SURGERY IS NOT
INCLUDED IN THIS AUTHORIZATION.

SIGNATURE OF PARENT/S OR LEGAL GUARDIAN/S

DATE

*This form must be SIGNED and NOTARIZED. Please return to us in its ORIGINAL.