Full Potential Adventures, Inc. 3580 South 27 RD; Boon MI 49618 231-912-0536
www.fullpotentialadventures.org

Permission for Emergency Care

Date:_____/_____/_____

Name:_____ DOB _____/_____/_____

Address:_____City_____State_____Zip_____

Parent/Guardian Name (if under 18):

Address (if different than above):

City: _____ State: _____ Zip: _____

Phone:_____ Alternate Phone: _____

Emergency Contact: _____Relationship:

Medical Insurance Information/ID#

Known Allergies: _____

Current Medications: _____

_____

Primary Physician:_____ Phone: _____

Height: _____feet _____inches Weight: _____ pounds

I, _____, *hereby give my permission* for
Printed Name
emergency care to be sought and/or given to myself or the above named *individual in the event that I cannot be contacted or am incapacitated* during activities and events provided by Full Potential Adventures, Inc. between December 1,_____ and March 31, _____.
Year Year

Participant/Volunteer:

_____ _____
Signature Date

_____ _____
Print Name Date

Parent / Guardian (if under 18 or 18 or older with a legal guardian):

_____ _____
Signature Date

Revised: January 2, 2017 BET