



Cleveland Water Alliance Minor Medical Form

This page is to be filled out by a parent or guardian on every child attending Erie Hack High School Hack
To avoid confusion: Only one child per form. Please photocopy this page if you need additional forms.

Child's Name _____ Age _____
Last First Initial

Parent/Guardian _____ Day Phone () _____

Parent/Guardian _____ Day Phone () _____

Home Address _____ Hm Phone () _____

City _____ State _____ Zip _____

If neither the parents nor guardians are available in an emergency notify:

Name _____ Day Phone () _____

Address _____ Hm Phone () _____

Child's Physician _____ Bus. Phone () _____

Medical Insurance Information – Please complete all sections

Primary Insured's Name _____ Policy # _____

Medical Insurance Company _____ Group # _____

Insurance Company Address _____

Signed _____ Date _____ -
Parent/Guardian

Permission to Administer Emergency Treatment:

In the case of a medical emergency and the event that the parent/guardian named on this form cannot be reached, I hereby give my permission for emergency treatment to be administered to my child, named above. I agree to assume financial responsibility for all expenses associated with the emergency care and/or transportation for said child. Additionally, I agree not to hold Cleveland Water Alliance, its officers, or its employees, liable for any injury or losses related to the emergency care my child received.

Signed _____ Date _____
Parent/Guardian