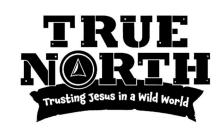


MEDICAL INFORMATION FORM



Child 1 Name:	Age:	Grade:
Allergies:		
Is there anything, medically, that we should be a	aware of for this child?:	
Child 2 Name:	Age:	Grade:
Allergies:		
Is there anything, medically, that we should be a		
Child 3 Name:	Age:	Grade:
Allergies:		
Is there anything, medically, that we should be a	aware of for this child?:	
EMERGENCY CONTACT NAME:		PHONE:
RELEA	SE of LIABILITY and W	VAIVER
		(child 1 name)
		(child 2 name, if necessary)
		(child 3 name, if necessary)
whatever source, which might occur while partici	volunteers, from any and all liabilit ipating in this event. I understand t te. I understand that VECC does no	y for damage to or loss of property or injury from that participation in this event is strictly voluntary of provide my child with any medical coverage and
By Checking this box, I give permission potentially used on the VECC websites		res or video that will be taken by VECC and sing any VECC programming.
(Parent or guardian's signature)		(date)