

Holden Christian Academy
Summer Enrichment Program

MEDICAL RELEASE and Parent Contact Information

Parent/Guardian _____

Address _____

Phone # home _____

cell #(mom) _____ Cell #(dad) _____

Email address _____

Emergency contact:

Name: _____

Phone # _____

Relationship to child _____

Insurance Co _____

Insurance ID # _____

Allergies, medical conditions or other concerns

Persons I authorize to pick up my children from ***Holden Christian Academy Summer Enrichment Program***

I give permission for my child to participate fully in the weekly activities of *Holden Christian Academy Summer Enrichment Program*. In the event that my child needs emergency medical attention and I cannot be reached at the phone numbers above, I grant permission of the *Holden Christian Academy Summer Enrichment Program* staff to seek emergency medical treatment. In granting this permission, I accept all responsibility for medical costs incurred.

Signature of parent/ guardian signature

Date