

# Nonprofit Medical Consent and Release Form

Participant Name

Date of Birth

Parent/Guardian Name (if under 18)

Address

Phone Number

Email

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## Emergency Contact

Emergency Contact Name

Emergency Contact Phone

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## Medical Information

Allergies, Medical Conditions, or Medications

Primary Physician Name

Physician Phone Number

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## Consent and Release

I hereby give consent for medical treatment in the event of an emergency and release the nonprofit organization from any liability or claim resulting from such treatment.

Participant or Parent/Guardian Signature

Date