



# ALERT Cadet

"Assisting fathers to win and keep the hearts of their 8 to 17-year-old sons"

## Medical Information / Release - Son

### Son's Personal Information

Name (first, middle, family) \_\_\_\_\_ DOB (mm/dd/yyyy) \_\_\_|\_\_\_|\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal code \_\_\_\_\_ Country \_\_\_\_\_

### Father's Personal Information (for notification in case of emergency)

Name (first, middle, family) \_\_\_\_\_ DOB (mm/dd/yyyy) \_\_\_|\_\_\_|\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal code \_\_\_\_\_ Country \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Mobile Phone (\_\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_\_) \_\_\_\_\_ Home E- Mail \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Work E-Mail \_\_\_\_\_

Insurance company \_\_\_\_\_ Policy number \_\_\_\_\_

### Medical History - Son

List any specific medical issues. \_\_\_\_\_

List current medications taken, the dosage, and the reason for the medication. \_\_\_\_\_

List any allergies or allergic reactions and the symptoms that result from the reaction. \_\_\_\_\_

Please give the date (mm/dd/yyyy) of the most recent immunization for the following:

Tetanus \_\_\_|\_\_\_|\_\_\_ Polio \_\_\_|\_\_\_|\_\_\_ Mumps \_\_\_|\_\_\_|\_\_\_ Rubella \_\_\_|\_\_\_|\_\_\_

Pertussis \_\_\_|\_\_\_|\_\_\_ Hepatitis A \_\_\_|\_\_\_|\_\_\_ Hepatitis B \_\_\_|\_\_\_|\_\_\_

### Liability release and authorization for medical treatment

I, \_\_\_\_\_, do voluntarily authorize ALERT, ALERT Cadet, any of their officers, employees, or volunteers to personally provide, or to make reasonable arrangements for those life-saving measures which appear to be reasonably necessary to preserve my son's life in case of emergency while he is involved in any and all programs sponsored by ALERT or ALERT Cadets. I further state that I have read the foregoing medical form, and that I understand its content, and that I willingly agree to the contents thereof. I understand that by signing this form I am waiving any and all rights to bring a claim or cause of action against ALERT or ALERT Cadet, their employees, agents, or volunteers for any and all damages or expenses whatsoever in the event that my son is injured. I voluntarily and of my own free will sign my name to this medical consent form.

Father's signature \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_|\_\_\_|\_\_\_\_\_

Father's printed name \_\_\_\_\_