



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 _____