



# West Springs / Cougar Ridge Community Association

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## **PROGRAM – MEDICAL FORM AND AUTHORIZATION FOR PICKUP**

### **MEDICAL OR HEALTH CONCERNS**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

### **MEDICAL OR HEALTH CONCERNS:**

### **Emergency Contacts:**

1. Parent/Guardian Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Phone # (H): \_\_\_\_\_ (C): \_\_\_\_\_ (W): \_\_\_\_\_

2. Parent/Guardian Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Phone # (H): \_\_\_\_\_ (C): \_\_\_\_\_ (W): \_\_\_\_\_

### **AUTHORIZATION FOR PICK UP**

Adults allowed to pick-up my child from camp (other than those listed above)

\*\*ID verification will be required:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

Your signature below indicates the above information is complete and any medical concerns have been clearly discussed with the instructor.

Signature of Parent and/or Guardian: X: \_\_\_\_\_

Date: \_\_\_\_\_