
Mill Creek Community Club, Inc. last name EMERGENCY INFORMATION AND AUTHORIZATION FORM 2023

	E:			
ADDRESS:				
HOME PHONE	#:			
CHILDREN:		PARENTS:		
Name	Age	Name:		
		Place of work		
		Work phone		
		Work address		
		Cell phone		
cannot assume re		nt of medical fees of	lize that Mill Creek Community Club or expenses incurred and agree to be	,
Signature of Pare	ent or Legal Guardian		Date	
medical professi	onals	which requires speci	al handling in an emergency:	
Name		Phone	Address	
Doctor				
Doctor				