



MEDICAL RELEASE FORM

COERVER® Coaching of Colorado

P.O. Box 4946

Englewood, CO 80155

E-MAIL: coervercolo@comcast.net

PHONE: 720-255-4911

Camper Name

Date of Birth

Street, City, State & Zip

Home Phone

Business Phone

Cell Phone

Emergency Contact Person

Phone

My Insurance Company is:

Policy or Group Number:

Our Physician is:

Phone

Should the Camper be restricted in any way? Please describe in the space below.

Medications which Camper is bringing to Camp.

I hereby grant my permission to administer, and accept any financial responsibility for any and all medical attention necessary to be administered to my child/ward, in the event of an accident, injury, sickness, etc., while attending the Coerver Coaching Camp. Any representative of the Coerver Coaching Camp is designated to act in my behalf until I have been contacted.

SIGNATURE (Parent/Guardian)

Date