



Conflict Resolution Center

Member of Mediation Network of North Carolina

PO Box 1222

218-A Main Ave East

Hildebran, NC 28637

Telephone: 828-397-2566 Fax: 828-397-2954

Medical Information/Release

In the case of an emergency which requires immediate medical attention, I/we give staff members or volunteers of the **Conflict Resolution Center**, including agencies and/or organizations which have contracted to provide services for **CRC's JCPC-funded programs**, authorization to consent for medical treatment for my/our child, _____.

The **Conflict Resolution Center**, its officers and personnel and any physician providing medical or surgical services to my/our child may rely upon this consent with the same effect as if personally executed by me/us.

Signature of Parent(s)/Guardian(s)

Date

PLEASE PRINT THE FOLLOWING INFORMATION:

Child's Name

Date of Birth

Age

Parent/Guardian Name

If not biological parent, how are you related to the child?

Mailing Address

City

NC
State

Zip

Does this child have any chronic medical problems or activity restrictions? Yes No

Any allergies? Yes No Current medications? Yes No

If Yes, please provide details: _____

BEST TELEPHONE NUMBER TO REACH PARENT/GUARDIAN: _____

Preferred Physician

Preferred Hospital

EMERGENCY CONTACT TO BE USED IF PARENT/GUARDIAN CANNOT BE LOCATED:

Emergency Contact's Name: _____

Telephone Number: _____ Relationship to Juvenile: _____