Conflict Resolution Center

PO Box 1222 / 218-A Main Ave East
Hildebran, NC 28637
Telephone: 828-397-2566 Fax: 828-397-2954
www.theconflictresolutioncenter.org

Medical Information/Release

PLEASE PROVIDE THE FOLLOWING INFORMATION:

_____ _____ _____
Child's Name Date of Birth Age

_____ _____
Parent/Guardian Name If not biological parent, how are you related to the child?

_____ NC _____
Mailing Address City 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: _____

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, named above. 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