



All Mail: P.O. Box 193, Salinas, CA 93902

Location Only: 127 San Benancio Road, Salinas, CA 93908

Main: 831-484-1825

Drop off and Medical Release Form

Child's Name (must be a Titus Member 12 or older) : _____
Last Name, First Name

Date of Birth: _____

Titus Parent/Guardian: _____
Last Name, First Name

Street Address: _____

City: _____ CA Zip: _____

Parent/Guardian Phone – H: _____ W/C: _____

Contact Person 1: _____ Relationship to Child: _____

Phone – H: _____ W/C: _____

Contact Person 2: _____ Relationship to Child: _____

Phone – H: _____ W/C: _____

Family Doctor Name: _____ Phone: _____

Preferred Hospital: _____ Allergies? _____

Insurance Carrier: _____ Policy #: _____

Virtually no Doctor or Hospital will administer medical care to a minor (under 21) without some form of parental consent. By providing such data you are assisting Titus Park, Inc. in an effort to protect your child.

I, the Parent(s)/Guardian(s) of,

_____, Age: _____,

understand that in any emergency every effort will be made to contact me/us at once. In the event that I/we cannot be reached when needed, I/we give my/our consent to first aid administered by a qualified person and/or to such emergency medical as a physician may deem necessary for immediate safety of my/our child.

We have been given a copy of Titus Park's Drop-Off Policy and agree to its terms.

Signature: _____ Date: _____