



All Mail: P.O. Box 193, Salinas, CA 93902
Location Only: 127 San Benancio Road, Salinas, CA 93908
Main: 831-484-1825 | Bookkeeper: 831-455-9386

Emergency Information and Medical Release Form

Parent/Guardian: Last Name, First Name

Street Address:

City: CA Zip:

Mother/Guardian Phone - H: W/C:

Father/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 children.

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

- 1. Age:
2. Age:
3. 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(ren). We have been given a copy of Titus Park's Drop-Off Policy and agree to its terms.

Signature: Date:

Signature: Date: