

THE BARNES MARTIAL ARTS GROUP
EMERGENCY MEDICAL RELEASE FORM

In the event of need to access emergency or urgent medical care for my son/daughter: _____, I give my permission to The Barnes Martial Arts Group representatives to access such medical care.

Parent or Legal Guardian signature: _____

Date: _____

History:

Existing conditions:

Medications:

Allergies: _____

Emergency contact: _____ . Phone: _____

Health Insurance: _____, Policy #: _____

Family Physician: _____ -Phone: _____