



Girls/Boyz First! Mentoring Medical Emergency Form

In the event of a medical emergency, I give my permission for medical staff to treat my daughter/son, _____.

Her/his primary physician is _____

Her/his insurance information is: Insurance company _____

Group Number _____ Policy Number _____

Policy holder's name _____

Any allergies _____

Medications currently taking _____

I can be reached at the following numbers: _____ home _____ work
_____ cell phone

Emergency Contacts:

_____ Phone _____ Relationship to mentee

_____ Phone _____ Relationship to mentee

_____ Phone _____ Relationship to mentee

Name of Parent/Legal Guardian _____ (please print)

Signature: _____ Date: _____