

**FISH WITH A COP
WAIVER RELEASE**



CHILD'S NAME: _____

ADDRESS: _____

BIRTH DATE: _____

SCHOOL ATTENDING: _____

PHONE #: _____ **MALE:** ☐ **FEMALE:** ☐

ALLERGIES: _____

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

DOSAGE: _____

EMERGENCY CONTACT INFORMATION:

NAME: _____

RELATIONSHIP TO CHILD: _____

PHONE #: _____

PARENT/GUARDIAN:

**IF I CANNOT BE REACHED, I HEREBY GIVE MY PERMISSION FOR
EMERGENCY MEDICAL TREATMENT OR SURGERY AS
RECOMMENDED BY THE ATTENDING PHYSICIAN. AS
PARENT/GUARDIAN, I WILL ASSUME ALL RESPONSIBILITY FOR
MEDICAL COSTS INCURRED BY THE APPLICANT.**

PRINT NAME: _____

SIGNATURE: _____

DATE: _____