

**Medical Release**  
For Queen City Gavel Club  
Events and Meetings

Student's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Student's Cell Phone (if applicable): \_\_\_\_\_

Known allergies to foods, drugs, insect stings or bites: \_\_\_\_\_

\_\_\_\_\_

Special medical concerns or conditions that the Gavel Club should know about (e.g.

epilepsy, asthma, diabetes, etc.): \_\_\_\_\_

If you drop your child off at Gavel Club and he/she becomes sick, what is the best way to reach you? \_\_\_\_\_

Mom's cell/home/work number: \_\_\_\_\_

Dad's cell/home/work number: \_\_\_\_\_

(Optional) Friend/relative's name: \_\_\_\_\_

(Optional) Friend/relative's phone number: \_\_\_\_\_

*We have not had any accidents at Gavel Club, but in case of an emergency, we need a medical release. Every effort to contact a parent will be made before seeking treatment.*

In the event of a serious injury or illness to my son/daughter (name) \_\_\_\_\_,

born (date) \_\_\_\_\_, I hereby authorize the Queen City Gavel Club representative to

secure whatever treatment is deemed necessary. This authorization is valid from September 1st, 2025 until May 30<sup>th</sup>, 2026.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date