

NEMCI&A

New England Municipal Clerks' Institute & Academy

Grow and Learn with us...

Medical Release Form

(Please fill out and put in a business size envelope with your name on it and turn in at registration)

Name _____

Address _____

Date of Birth _____ Cellphone: _____

Emergency Contact

Name _____

Home Phone _____ Cell _____ Work _____

Address _____

Relationship _____

Medical Data

Doctor _____ Phone _____ Blood Type _____

Medical Problem	Medication	Dosage	Frequency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ARE YOU ALLERGIC TO ANY FOODS, PRODUCTS, INSECTS, ANIMALS OR ENVIROMENTAL SUBSTENCES?

IF YES, PLEASE

DETAIL: _____

Additional Information:

