

2008 LAKES AREA WHEELERS RELEASE FORM

**A FORM MUST BE COMPLETED FOR EACH CHILD AND MAILED TO THE KINSHIP OFFICE
IN ORDER FOR THE CHILD TO PARTICIPATE IN THE ACTIVITY!
KINSHIP PARTNERS, P O BOX 642, BRAINERD, MN 56401**

Child's Name _____

Child's age _____ Grade completed _____ Phone (_____) _____

Address _____

Allergies _____

Emergency contact: Name _____

Phone (1)(_____) _____ Phone (2)(_____) _____

I hereby authorize Kinship Partners staff to secure emergency medical attention for my child, in the event that I cannot be contacted, and I will take responsibility for any fees incurred. Our local doctor _____, phone _____ has my permission to release any records that may be needed to treat my child in an emergency. I have listed my insurance/Medical Assistance provider name and numbers below:

Company _____ Group/ID# _____

Permission to participate in the above chosen events as well as ride with Kinship staff and volunteers along with authorization for emergency medical treatment, if necessary, is granted for my child.

Signature _____ Date _____

**You may also bring the completed form to our office
910 Pine Street, Brainerd, MN 56401
Questions call 829-4606
Forms may be mailed to
Kinship Partners
PO Box 642, Brainerd, MN 56401**