

PURPLE DOOR FESTIVAL

MEDICAL RELEASE FORM

PATIENT INFORMATION:

Name _____ Age _____ D.O.B. _____

Address _____

City _____ State _____ Zip _____

Phone # (_____) _____ S.S.# _____

Family Doctor _____

Allergies _____

Past Medical History _____

Medication _____

I, _____ authorize Purple Door First Aid to administer to my son/daughter the proper basic medical treatment . I acknowledge that the above portion has been filled out in completely and that all information regarding his/her medical history is correct. I hereby am not and will not hold Purple Door, Underground Productions, Creative Ministries and or Ski Roundtop liable for any mistreatment.

_____ Patient's Name

X _____ Relationship _____

Signature of parent/guardian for patient under 18.