



CANYON MEADOWS

Community Association

Emergency Contact and Medical Information Form

Child's Name

Home Phone

Work Phone

Parent/Guardian's Name

Address

Date of Birth

City, Province

Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

Home Phone

Work Phone

Home Phone

Work Phone

Address

Address

City, Province

City, Province

Medical information (Allergies and Special Health Conditions)

I give permission for my child to go on adventures within the property of the Canyon Meadows Community Association (CMCA) and at the CBE School Playground near the CMCA. I release CMCA and its employees and directors from liability in case of an accident during activities related to the CMCA Kids Summer Drop-in Program as long as normal safety procedures have been taken.

Parent/Guardian Signature

Date

Witness Signature

Date