

Attachment 3



**Chinese American Citizens Alliance
52nd Biennial National Convention
Oakland, California**

MEDICAL RELEASE FORM

GENERAL INFORMATION

Name: _____

Phone (H): _____ Phone (C): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Age: _____

SPECIAL NEEDS ACCOMMODATIONS *(please describe):*

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Relationship: _____

Phone (H): _____ Phone (C): _____

Physician's Name & Phone: _____

Physician's Address: _____

List allergies, special conditions, restrictions, medications. *(Use back of sheet of paper if needed)*

Medications and dosages:

In case of emergency, I give permission to the _____ to secure proper treatment, hospitalize, etc.

Dated: _____

Signature: _____

Print Name: _____