



## Philippine American Community Center of Michigan Emergency Contact and Waiver of Liability Form

### Emergency Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parents/Guardians, if minor: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance & Policy Number: \_\_\_\_\_

Allergies/Reactions/Medical Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Waiver of Liability

In consideration of the acceptance of myself and/or my child/ren as students/minors of the PACCM Paaralang Pilipino or community center, I do hereby, for myself, my heirs, and my representatives, release and hold harmless the PACCM, its directors, officers, associates and assigns, from any and all claims, damages, liabilities, known and unknown arising from the school activities or use of facilities and equipment and specifically waive any Section of Michigan State Codes which in any way conflicts with the intent of this release.

In the event of any injury, I do hereby give my permission and consent to authorize such as first aid and/or medical care or treatment as may be deemed necessary. I further understand that if I do not have any health insurance or if the information is not filled out in full or correctly, that I am completely responsible for any medical costs that will be incurred.

**Signature (Parent or Guardian if minor)**

\_\_\_\_\_ **Date:** \_\_\_\_\_