

# APPLES

*Service-Learning*

Student Union suite 3514 • CB#5210 • (919) 962-0902 • fax (919) 843-9685  
<http://ccps.unc.edu/apples-service-learning/>

## Emergency Contact and Medical Release

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please list any medical conditions or allergies the physician should be aware of.

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Comments:

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Emergency contact person, phone number and relationship to participant:

1. \_\_\_\_\_
2. \_\_\_\_\_

I understand that every effort will be made to contact the person I have listed to be called in case of an emergency. In the event they cannot be reached, I hereby give permission to the physician selected by the Service-Learning Initiative coordinator to hospitalize, secure proper treatment, and or order injection, anesthesia or surgery for me. I also give permission for first-aid treatment.

\_\_\_\_\_  
**Signature of participant (or parent/guardian if under 18 years old)**

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