

# MOHAN EMERGENCY MEDICAL INFO & OVERNIGHT LODGING PERMISSION

As the participant OR the legal guardian of: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last Name First Name Birth Date

I hereby give him / her permission to stay overnight in the Mohan Lodge for: ☐ Any nights during this season (December through April) or ☐ for the specific night(s) listed \_\_\_\_\_. Further I agree that his / her bags and personal items may be subject to random searches at the Mohan Lodge. Should he / she refuse such random searches, or should any inappropriate items be found or should ANY issues arise in which a supervisor or director of Mohan deem it necessary to ask him / her to vacate the lodge, I will make arrangements to pick-up him / her immediately. Finally, I understand that it is recommended for added safety I text the director at 425-785-8270, on the exact day he / she is planning to stay overnight.

\* \_\_\_\_\_  
Signature (Parent or Guardian if Under 18 Years Old) Date

## CONTACT INFORMATION – Please Print Neatly

Home Address _____ ( )	City _____	Zip _____
Home Phone _____	Email Address _____	
Mother's or Guardian's First Name _____	Mother's or Guardian's Last Name _____	
Mother's or Guardian's Cell Phone Number _____	Mother's or Guardian's Work Phone Number _____	
Father's or Guardian's First Name _____	Father's or Guardian's Last Name _____	
Father's or Guardian's Cell Phone Number _____	Father's or Guardian's Work Phone Number _____	

## Alternate Emergency Contact

First Name _____	Last Name _____
Relationship _____	Emergency Contact Phone Number _____

## MEDICAL INFORMATION

* _____ Preferred Hospital	* _____ Insurance Company
* _____ Insurance ID#	* _____ Insurance Group #
* _____ Family Physician	* ( ) _____ Emergency Phone Number

## Additional Medical Information: (Medication / Allergies / etc.)

\_\_\_\_\_  
\_\_\_\_\_  
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