



Parent's Medical Release Form

I hereby give permission for any and all medical attention necessary to be administered to my child (name) _____ in the event of accident, injury, sickness, etc., while they are under the care of the person(s) designated below, until such time as I may be contacted.

If neither of the person(s) designated below can be contacted, I give permission for treatment of my child as may be required and determined by the appropriate health care professional who is present.

This release is effective from (date) _____ to _____.
I hereby assume responsibility for payment of such treatment and have attached my child's insurance information.

My name: _____
Phone (H): _____ (W): _____ (Cell) _____
My home address: _____
City: _____ State: _____ Zip: _____
Where I am going: _____

In case I cannot be reached, either of the following is designated:

Name: _____ Phone: _____
Name: _____ Phone: _____

My insurance policy number is: _____

My child's physician: _____

Physician's Phone: _____ Address: _____

Known allergies or medical conditions of child: _____

Medications child takes: _____

Parent's name (print): _____

Signature (parent): _____

Date: _____