

MEDICAL RELEASE FORM

This is a medical release for a Minor child, which may permit treatment in an emergency. While there are other methods for hospitals and other medical facilities to obtain permission to treat a minor child in the absence of parental consent, it is a good idea to have one of these permission slips on file in the office, in the teacher's backpack, in the child's doctor's office, as well as the nearest hospital to be sure there is no delay in case of an emergency.

The information must be updated annually or more often if the information contained herein changes. Please print the following information.

I, _____, Parent or Legal Guardian of

_____, a minor child,

hereby authorize any medical or surgical treatment that may be necessary in an emergency, and in my absence, for the well being of the above mentioned minor. I agree to hold the physician or hospital treating the above-mentioned minor harmless. I also give the hospital permission to collect payment from the insurance company (s).

Allergies: _____

Medication currently taken: _____

Regular Physician: _____ Phone # _____

Father's Name: _____ Phone # _____

Home Address: _____ Phone # _____

Social Security # _____

Employer: _____ Work Phone # _____

Insurance Company: _____ Identification # _____

Mother's Name: _____

Home Address: _____ Phone # _____

Social Security # _____

Employer: _____ Work Phone # _____

Insurance Company: _____ Identification # _____

Name of person other than guardian to contact in the case of an emergency:

_____ Relationship: _____

Address: _____ Phone# _____

Date: _____

Signature of Parent/Legal Guardian _____