

Medical Release

In the event my child suffers sudden illness, accident, or injury and neither parents nor guardians can be contacted, I give permission for any emergency treatment that is deemed necessary by a licensed physician.

Family Physician _____

Work Phone _____

Home Phone _____

Medical Insurance Company _____

Pertinent medical information (diabetes, allergies, etc.)

Signature _____

Date _____ / _____ / 2010

Please list any Allergies:

Other medical issues:
