

Parent/Guardian Medical Release Form

Child's Full Name:

Date of Birth:

Parent/Guardian Name:

Emergency Contact Number:

Physician's Name:

Physician's Phone:

List Allergies or Medical Conditions:

Health Insurance Provider:

Policy Number:

I hereby authorize the staff of this organization to obtain and consent to medical treatment for my child in the event of an emergency when I cannot be reached.

Parent/Guardian Signature:

Date: