



## Medical Release Form

Parent/Guardian Name \_\_\_\_\_

Student's name: \_\_\_\_\_

List of known medical conditions: Please list food/drug allergies. Include any over the counter or prescription drugs taken regularly:

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In an emergency please contact:

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone: \_\_\_\_\_ 2nd Phone: \_\_\_\_\_

Physician's name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Insurance carrier: \_\_\_\_\_

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Statement of Consent:

In the event of an emergency or non emergency situation needing medical attention, I, \_\_\_\_\_, grant permission for any and all medical attention to be administered to my child in the event of an accidental injury or illness, until such time as I can be contacted. The permission includes but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and or surgery under the recommendation of a qualified medical personnel.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_