



Medical Release Form

Parent/Legal Guardian's Name: _____

Address: _____

Phone #'s: Home _____

Work _____

Cell _____

Other _____

| Child Name | List all Known Medical Conditions, Including Food Allergies and/or Drug Allergies. In Addition, Include Any and All Over-the-Counter and/or Prescription Drugs Taken Regularly. |
|------------|---|
| | |

In an emergency, please contact: _____

Relationship to child: _____

Phone #'s: 1. _____ 2. _____

3. _____ 4. _____

Or Contact: _____

Relationship to child: _____

Phone #'s: 1. _____ 2. _____

3. _____ 4. _____

Physician's Name: _____

Address: _____

Phone #'s: 1. _____ 2. _____

Dentist's Name: _____

Address: _____

Phone #'s: 1. _____ 2. _____

Primary Insurance Company: _____

Phone #'s: 1. _____ 2. _____

Billing Address: _____
 Policy Holder's Name: _____
 Address: _____
 Relationship to child: _____
 ID #: _____ Group/Policy #: _____
 Secondary Insurance Company: _____
 Phone #'s: 1. _____ 2. _____
 Billing Address: _____
 Policy Holder's Name: _____
 Address: _____
 Relationship to child: _____
 ID #: _____ Group/Policy #: _____

We will need a copy of your driver's license and copy of front & back of your insurance card.

Statement of Consent: (To be signed in the presence of a legalized notary public.)

In the event of an emergency or non-emergency situation requiring medical treatment, I, _____, hereby grant permission for any and all medical and/or dental attention to be administered to my child, in the event of an accidental injury or illness, until such time as I can be contacted. This 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 qualified medical personnel.

Signature: _____ Date: _____

Notarization:

On this _____ day of _____, _____, _____
(date) (month) (year) (name of parent)

Personally appeared before me in _____ County (in the state of _____) and, in my presence, signed this medical release form.

Name of Notary Official: _____
 Signature: _____
 Commission Expires: _____

Notary Seal

THE UNDERSIGNED HAVE READ THE ABOVE WAIVER AND RELEASE AND THE NOTICE – LIMITATION OF LANDOWNERS' LIABILITY ATTACHED TO THE BACK OF THIS WAIVER AND RELEASE.

CONSENT, ACKNOWLEDEMENT AND AGREEMENT DATED _____, 20_____.

Print Name: _____ Address: _____
 Date of Birth: _____ Home Phone: _____ Work Phone: _____

Child Signature: _____ Date: _____

Parent's Signature: _____

Parent's Name (Printed): _____

Parent's Phone: _____