



# 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: \_\_\_\_\_

**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: \_\_\_\_\_

