Medical Treatment Release/Emergency Information

To Whom It May Concern:

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor:________________________________ Relationship to you: ___________________________

Birth Date: ______________ Grade: ________ Reason for which release was intended: School Related Activities

Address of Minor: ____ City: _____________________

Where can parent/guardian be reached if not home?

Mother _______________________________________ _____________________ _____________________
First Name Last Name Cell # Work #

Father _______________________________________ _____________________ _____________________
First Name Last Name Cell # Work #

Email Address ______________________________________

List 2 people, neighbors or nearby relatives, who will assume temporary care of your child if you cannot be reached.

Name _____________________________________ Relation _________________ Phone _________________

Name _____________________________________ Relation _________________ Phone _________________

Family Physician: ______________________________ Phone: ______________________

Physician Address: ____ City:________________________

List Allergies, medication, contacts, or other pertinent comments:

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Health Insurance Data:

Company: ___________________________________ Policy: _______________________________

Group: _________________ Contract: ____

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility. This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: _______________________ Signed ____(Parent or Guardian)