

# Medical Release Form

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

Birth Date \_\_\_\_\_

In the event of an emergency, please call in the order indicated (1,2,3,4,5) the following people:

Mother: Name & Phone \_\_\_\_\_

Father: Name & Phone \_\_\_\_\_

Relative: Name & Phone \_\_\_\_\_

Doctor: Name & Phone \_\_\_\_\_

Friend: Name & Phone \_\_\_\_\_

In the event that none of the above people can be reached, I hereby give my consent to: \_\_\_\_\_  
to administer or call for emergency care for my child under extreme conditions. I expect that a  
conscientious effort will be made to locate me or one of the above designates before any action is taken. If  
it is not possible to locate me or any of the above designates, any expenses incurred will be paid by me.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)