

MEDICAL RELEASE FORM

In the event of an emergency or non-emergency situation requiring medical treatment, I, the undersigned parent, hereby grant permission to any and all medical and/or dental treatment to be administered to my child named below, in the event of an accidental injury or an illness, until such time as I can be contacted. This permission includes, but is not limited to, administration of first aid, use of an ambulance, and administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.

Child's Name

Child's Date of Birth

Child's Current Medications

Child's Medical Conditions

Date of Last Tetanus Shot

Allergies?

Parent's Phone Number(s)

Medical Insurance Provider, Insurance ID Number, Phone Number

Pediatrician Name & Phone Number

Parent's Signature

Date Signed

This authorization remains in effect until _____ (date).