

## EMERGENCY MEDICAL TREATMENT RELEASE FORM

To Whom It May Concern:

As parent/guardian, I do hereby authorize the treatment of a qualified and licensed Medical Doctor in an emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Student's Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of activity or school year for which release is intended: \_\_\_\_\_

### PARENTS/LEGAL GUARDIANS

Father                      Address                      Phone

Mother                      Address                      Phone

Where parents can be reached when not at home:

Father  
Address                      Phone

Mother  
Address                      Phone

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

List allergies, medication, or other pertinent comments:

\_\_\_\_\_

Health Insurance Data:

Company: \_\_\_\_\_ Policy: \_\_\_\_\_

Group: \_\_\_\_\_ Contract: \_\_\_\_\_

List a neighbor or close relative who will assume care of your child if you cannot be reached.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Parent or Guardian)