

INSTRUCTION

EMERGENCY MEDICAL TREATMENT RELEASE FORM

(Recommended Form)

To Whom It May Concern:

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

Name of Minor _____ Relationship to you _____

Reason for which release is intended _____

Address of Minor _____ Phone _____

Emergency Phone _____

Family Physician _____ Phone _____

Address _____ City _____

List allergies, medication, contacts, or other pertinent information:

Health Insurance Data:

Company _____ Policy _____

Group _____ Contract _____

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)