

***PLEASE USE BLACK INK TO COMPLETE**

GRADE: _____

School Year : _____

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 Name: _____ Relationship to you: _____

Address: _____ Phone: _____

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

PARENTS/LEGAL GUARDIANS

Where parents can be reached when not at home:

Father Place of Employment Work Address
Father Work Phone # _____ Cell # _____ Beeper # _____

Mother Place of Employment Work Address
Mother Work Phone # _____ Cell # _____ Beeper # _____

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: _____ Cell _____

Address: _____ Relationship: _____

Name: _____ Phone: _____ Cell _____

Address: _____ Relationship: _____

Name: _____ Phone: _____ Cell _____

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: _____ Parent/Guardian Signature: _____

I further authorize the person who presents the minor to sign the Acknowledgement 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: _____ Parent/Guardian Signature: _____

