



# bash

## Medical Release Form

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Parent: \_\_\_\_\_

Phone #: \_\_\_\_\_

To whom it may concern:

As a parent and/or legal guardian, I authorize the treatment by a qualified, licensed medical doctor of the following minor in the event of a medical 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 contact me using any or all of the methods listed below.

Name of minor: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home # \_\_\_\_\_

Work # \_\_\_\_\_

Cell # \_\_\_\_\_

Family physician: \_\_\_\_\_

Phone # \_\_\_\_\_

Family dentist: \_\_\_\_\_

Phone # \_\_\_\_\_

Insurance co: \_\_\_\_\_

Policy # \_\_\_\_\_

Please list any medical allergies, chronic illnesses or other conditions: \_\_\_\_\_

\_\_\_\_\_

Other contact in case of emergency:

Name: \_\_\_\_\_

Phone # \_\_\_\_\_

\_\_\_\_\_

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

Signed: \_\_\_\_\_

(father, mother or legal guardian)

Date: \_\_\_\_\_