



Medical Release

As a parent/guardian, I do hereby authorize the treatment of the following minor by a qualified and licensed medical physician in the event of a medical emergency which, in the absence 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.

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

Parent/Guardian

Name _____

Relationship _____

Phone _____

Family Physician

Name _____

Phone _____

Emergency Contact

Name _____

Phone _____

Participant's Name <i>(Print)</i>	
Participant's Signature	Date MM/DD/YY
Parent/Guardian Name for children under 18 <i>(Print)</i>	
Parent/Guardian Signature	Date MM/DD/YY

Medical Allergies, Chronic Illnesses or Other Conditions:



Medical Release

As a parent/guardian, I do hereby authorize the treatment of the following minor by a qualified and licensed medical physician in the event of a medical emergency which, in the option 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.

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

Parent/Guardian

Name _____

Relationship _____

Phone _____

Family Physician

Name _____

Phone _____

Emergency Contact

Name _____

Phone _____

Participant's Name <i>(Print)</i>	
Participant's Signature	Date MM/DD/YY
Parent/Guardian Name for children under 18 <i>(Print)</i>	
Parent/Guardian Signature	Date MM/DD/YY

Medical Allergies, Chronic Illnesses or Other Conditions: