



## Medical Release Form

In the event of sickness, accident, or injury, I give permission for my son/daughter \_\_\_\_\_, to have administered to her whatever emergency treatment is deemed necessary by the attending doctor/nurse/medical technician. **Please include a copy of your child's insurance card with this form.**

My son/daughter has the following medical conditions or allergies, which should be noted in case of sickness, accident, or injury. (e.g., asthmatic, diabetic, allergies to specific drugs, hyper reaction to bee stings, bleeds easily, etc.). Please note NONE if there are no known problems or conditions.

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\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Home Number

\_\_\_\_\_  
Cell Number

\_\_\_\_\_  
Date