

# MEDICAL RELEASE FORM

Child's Name		Date of Birth	
Parent/Guardian Name		Parent/Guardian Name	
Work Phone	Home Phone	Work Phone	Home Phone
Cell #		Cell #	
Address		Address	
City		City	
List 2 people to contact if you cannot be reached in case of emergency.		List All Medical Conditions	
3rd Emergency Contact Name/Relationship		4th Emergency Contact Name/Relationship	
Phone ( ) - /		Phone ( ) - /	
MEDICAL INFORMATION		MEDICAL INFORMATION	
List All Allergies			
Child's Physician		Child's Dentist	
Phone ( ) -		Phone ( ) -	
INSURANCE INFORMATION		INSURANCE INFORMATION	
Insurance Company		Person on the Policy	
Policy Number			

I hereby grant permission for my child to use all of the play equipment and participate in all activities.

Child's Name (Print) \_\_\_\_\_ Parents Signature X \_\_\_\_\_

In the event of an extreme medical emergency, as deemed by the director or acting director, paramedics or medical personnel will be notified IMMEDIATELY to initiate medical attention for the child. All efforts will be made to notify parent or guardian immediately.  
 Signature authorizing us to seek medical treatment: X \_\_\_\_\_

Signature of parent or guardian authorizing the healthy facility or physician to provide medical treatment/first aid as necessary : X \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature : \_\_\_\_\_ Date \_\_\_\_\_