

Medical Release Form

Parent/Legal Guardian's

Name: _____

Address: _____

Phone #'s:

Home _____ Cell _____

Work _____ Other _____

Child Name _____

List all Known Medical Conditions, Including Food Allergies and/or Drug Allergies.

List any and all Over-the-Counter and/or Prescription Drugs Taken Regularly.

Emergency Contact Info

Name of Primary Contact : _____

Relationship: _____

Phone #'s:

1. _____ 2. _____

3. _____ 4. _____

Name of Secondary Contacts : _____

Relationship: _____

Phone #'s:

1. _____ 2. _____

3. _____ 4. _____

Physician Information

Name: _____

Address: _____

Phone #'s:

1. _____ 2. _____

Dentist Information

Name: _____

Address: _____

Phone #'s:

- 1. _____
- 2. _____

Primary Insurance

Company: _____

Phone #'s:

- 1. _____
- 2. _____

Billing

Address: _____

Policy Holder's

Name: _____

Address: _____

Relationship to

child: _____

ID #: _____ Group/Policy #: _____

Secondary Insurance

Company: _____

Phone #'s:

- 1. _____ 2. _____

Billing

Address: _____

Policy Holder's

Name: _____

Address: _____

Relationship to

child: _____

ID #: _____ Group/Policy #: _____

We will need a copy of your driver's license and a copy of the front & back of your insurance card.

Statement of Consent:

In the event of an emergency or non-emergency situation requiring medical treatment, I, _____, hereby grant permission for any and all medical and/or dental attention to be administered to my child, in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.

Signature: _____ Date: _____