



## Medical Release Form

In the event of sickness, accident, or injury, I/We give permission for my daughter \_\_\_\_\_, to have administered to her whatever emergency treatment is deemed necessary by the attending doctor/nurse/medical technician.

My 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 indicate NONE if there are no known problems or conditions.

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\_\_\_\_\_  
Signature of Father or Legal Guardian

\_\_\_\_\_  
Signature of Mother or Legal Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Cellular Telephone

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

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

Who should be contacted in case of Emergency? Give Phone Number

\_\_\_\_\_

Notary: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_