



School Year: _____

Please fill in the following medical release form so medical treatment could start immediately in case of an accident.

Doctors and hospital personnel have our permission to treat my child(ren) named below in the manner that they deem best for any injuries during the school term.

Children:

_____ DOB: _____

_____ DOB: _____

_____ DOB: _____

_____ DOB: _____

Doctor's Name: _____ phone: _____

Insurance Provider: _____

Insurance ID/group numbers: _____

(Please mark any child who has different insurance information and add that information on the back of this page or wherever it fits.)

Comments or restrictions for this medical treatment release:

Names and phone numbers of parents:

Name: _____ Phone: _____ - _____ - _____

Name: _____ Phone: _____ - _____ - _____

If unable to reach parents please call:

Name: _____ Phone: _____ - _____ - _____

Relationship to child: _____

Name: _____ Phone: _____ - _____ - _____

Relationship to child: _____

I understand that it is my responsibility to contact the office and complete a new form whenever there are necessary changes. I will date and initial below each year that there are no changes.

I/We, the parents, grant such permission:

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____