

(Office only)

Child's Name: (last) _____ (first) _____ (class) _____

MEDICAL RELEASE FORM

I, _____ (Parent/Guardian) hereby give permission for any & all medical attention to be administered to my child, _____ (Child) in the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below.

Insurance Company: _____

Policy Number: _____

(Please provide us with a copy of your insurance card)

In case I cannot be reached, the following person is designated to act on my behalf.

Director: Emily Townley

Director: Kylee Elz-Bade

Must complete & sign bottom portion **in front of notary.**

Signature of Parent/Guardian

Date

Subscribed and sworn before me,

This _____ day of _____, 20____

Notary Public