

(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 until July 31, 2023.

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

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

Name of Policy Holder: \_\_\_\_\_

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

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

Director: Emily Townley

Director: Shelly Johnston

**\*\*\* 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