

MEDICAL RELEASE FOR MINOR CHILD

I, _____, Parent of Legal Guardian of _____,

a minor child, hereby authorize any Medical or Surgical treatment which may be necessary in an emergency, and in my absence, for the well being of the above mentioned minor. I agree to hold the physician or hospital treating the above mentioned minor, harmless.

Address and contact information:

The above mentioned minor has the following Allergies or Medical conditions:

Insurance Information:

Name of Company:

Policy # _____

Group # _____

Signature _____