

Student Name _____

MEDICAL/EMERGENCY RELEASE

In the event of a medical emergency we will make every effort to contact the home of the participant at the number listed in our database. If we are unable to contact you we will attempt to contact the person you have listed below.

Parent/Guardian Name: _____ Phone: (____) _____

If we can't reach you, call (Name) _____ Phone: (____) _____

Physician: _____ Phone: (____) _____

Name of Medical Insurance Co: _____ Policy Number: _____

Allergies that we should be aware of? List: _____

In case of medical emergency, I consent to any anesthetic, medical or surgical diagnostic testing and/or treatment to be rendered to the minor under the supervision and on the advice of the physician when the need for such treatment is immediate and/or when efforts to contact me are unsuccessful.

Parent/Guardian Printed Name

⊗ _____
Parent/Guardian Signature

Date
