

Medical Release Form

Parent/Legal Guardian's Name: _____

Address: _____

Phone #s: Home (____) _____ - _____
Work (____) _____ - _____
Cell (____) _____ - _____
Other (____) _____ - _____

Children's Names	List all known Medical Conditions, including Food Allergies and/or Drug Allergies. In Addition, Include Any and All Over-the-Counter and/or Prescription Drugs Taken Regularly.

In an emergency, please contact: _____

Relationship to child/children: _____

Phone #s: (____) _____ - _____ (____) _____ - _____
(____) _____ - _____ (____) _____ - _____

Or contact: _____

Relationship to child/children: _____

Phone #s: (____) _____ - _____ (____) _____ - _____
(____) _____ - _____ (____) _____ - _____

Physician's Name: _____

Address: _____

Phone #s: (____) _____ - _____ (____) _____ - _____

Dentist's Name: _____

Address: _____

Phone #s: (____) _____ - _____ (____) _____ - _____