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: (_____) _____ - _____ (_____) _____ - _____