

EMERGENCY MEDICAL RELEASE

TO WHOM IT MAY CONCERN: I do herewith authorize the treatment by a licensed physician of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed.

This authority is granted only after a reasonable effort has been made to reach me. In case of a minor injury needing treatment, I will allow The Caring Center to transport my child to the Verona Family Practice Clinic in order to be attended most quickly by a physician. In the event of a more serious injury, EMS will be called to transport my child to the hospital. *If the situation permits, EMS will transport to the hospital shown below.

Name of Minor _____ Relationship _____

Date or dates when release is intended _____

This release form is completed and signed of my own free will for the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed _____ Father / Mother / Guardian
(Circle One)

Address _____ Phone _____

MEDICAL INFORMATION:

Family Physician _____ Phone _____

Specific medical allergies, chronic illness, or conditions: _____

Date of last tetanus immunization _____

EMERGENCY CONTACT:

Other contact in case of emergency and parent cannot be reached:

Name _____ Phone (work) _____ (home) _____

INSURANCE INFORMATION:

Hospital Insurance # _____ Medical Insurance # _____

Group # _____ Insurance Name: _____

*Hospital I prefer: _____