

MEDICAL RELEASE FOR MINOR CHILD

I, _____, Parent or 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:

Insurance Information:

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

Name of Company _____

Policy # _____ Group # _____

Signature _____

Note: This is a sample form of a Medical Release for a Minor Child, which will permit treatment in an emergency. While there are other methods for emergency hospitals to obtain permission to treat a minor child in the absence of parental consent, it is a good idea to have one of these permission slips on file in your child's school and at your doctor's office, as well as the nearest hospital, just to be sure there is no delay in case of an emergency. Many schools provide their own medical release forms. This information should be updated annually.

Prepared by the Peninsulas Emergency Preparedness Committee of Washington 11/00 (www.pep-c.org)

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