

**MEDICAL RELEASE**

Dear Parent/Guardian:

For your child's safety, the following information is necessary for the school and coach/sponsor to have in the case of an emergency.

I, \_\_\_\_\_ give my consent to \_\_\_\_\_ for a medical

(Parent or Guardian)

(Coach or Sponsor)

doctor to give emergency treatment for my child: \_\_\_\_\_.

My child is now taking the following medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The medication is to be taken at: \_\_\_\_\_ time \_\_\_\_\_ a.m. \_\_\_\_\_ p.m

Parent: \_\_\_\_\_ HM# \_\_\_\_\_ Work # \_\_\_\_\_

\_\_\_\_\_

Parent: \_\_\_\_\_ HM# \_\_\_\_\_ Work # \_\_\_\_\_

\_\_\_\_\_

In case of an emergency notify: \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship to student:

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date:

\_\_\_\_\_

Comments: