

# Medical Release Form

This form is to serve as a release for emergency medical treatment for your minor child in the event that you cannot be reached by phone. It is for emergency treatment only, on the recommendation of a physician that your child's condition is or can become life threatening. The form should have an activation date and time (when the form starts being effective) and a deactivation date and time (when the form stops being effective). This form does not replace the fact that every reasonable effort should be made to contact you, but serves to allow treatment to begin without delay.

## Medical Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone (\_\_\_\_\_) \_\_\_\_\_  
Parent/Guardian Mother \_\_\_\_\_ phone (\_\_\_\_) \_\_\_\_\_  
Father \_\_\_\_\_ phone (\_\_\_\_) \_\_\_\_\_  
Physician's name \_\_\_\_\_ phone (\_\_\_\_) \_\_\_\_\_  
If parents cannot be reached, contact: \_\_\_\_\_ phone (\_\_\_\_) \_\_\_\_\_  
List important medical information and or health problems:

\_\_\_\_\_  
Medications: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Medical Insurance Company Name \_\_\_\_\_  
Policy or Group \_\_\_\_\_ Verification of Benefits (\_\_\_\_) \_\_\_\_\_  
Name of Insured \_\_\_\_\_ Relationship to Minor \_\_\_\_\_

## Emergency Medical and Surgical Treatment Form

The patient and others whose signatures are attached below do hereby consent to any and all medical and surgical treatments including anesthesia and operations which may be deemed advisable by his or her physicians and surgeons. The intention hereof being to grant authority to administer and perform all and singularly any examinations, treatments, anesthetics, operations, and diagnostics procedures which may now or during the course of the patient's care be deemed advisable or necessary. We also agree that the patient when admitted is to remain in the hospital until his or her physician recommends the patient's discharge.  
In witness of our consent and agreement to the matters stated in the three preceding sentences, we have subscribed our signatures below.

\_\_\_\_\_

Minor - Patient

Parent/ Guardian

Activation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Activation Time: \_\_\_\_/\_\_\_\_/\_\_\_\_

Deactivation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Deactivation Time: \_\_\_\_/\_\_\_\_/\_\_\_\_