Medical Release Form For Minor

Child's Information

Name: April Fletcher Date of Birth: September 1, 2010
Address: 95 Graystone Lakes
Religion: Roman Catholic
City: Milledgeville State: Georgia Zip Code: 31061 Phone Number: 478-414-1361

Medical Insurance Information

Name of Insurance Company: Future Protect
Policy Number: 2009999999
Group Number: X00000001
Primary Care Physician: Dr. Tomos Ochoa
Phone Number: 478-696-0093

Medical History

Allergies Nuts Blood Type A Date of Last Tetanus Shot May 15, 2007

Previous Hospitalizations and Major Illnesses Asthma
Current Medications Albuterol
Pediatrician Dr. Tomos Ochoa Telephone 478-696-0093 Other Important Information None

Authorization for Medical Treatment

In case of an emergency, I authorize the designated caregiver, Taya Wall ,to consent to and authorize any medical care or treatment deemed necessary for my child, April Fletcher . This authorization includes the administration of medication and the authorization of any emergency medical treatment or procedures that may be required.

Medical Information

I hereby authorize any physician, hospital, or medical personnel to release any medical information or records regarding my child to the designated caregiver.

Contact Information

In case of an emergency, the designated caregiver is authorized to contact the following individuals:

Name: Hollie Fletcher Relationship: Mother Phone Number: +18332633159
Name: Carl Fletcher Relationship: Father Phone Number: +18332656434
Name: Mattie Perry Relationship: Godfather Phone Number: +18332672839

I hereby certify that I am the legal parent or guardian of the above-named child and that I have read and fully understand the terms of this Medical Release Form for Minor.

Parent or Legal Guardian Signature: Hollie Fletcher

Date Signed: March 31, 2023