

Medical Release Form for Minors

Child's information		
Name:	Date of birth:	Religion:
Address:		
City:	State:	Zip code:
Phone number:		
Medical insurance information		
Name of insurance company:		
Policy number:	Group number:	
Primary care physician:	Phone number:	
Medical history		
Allergies:		
Blood type:	Date of last tetanus shot:	
Previous hospitalizations or major illnesses:		
Current medications:		
Pediatrician:	Phone number:	
Other important information:		

Authorization for medical treatment

In case of an emergency, I authorize the designated caregiver, _____, to consent to and authorize any medical care or treatment deemed necessary for my child, _____. 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:	Relationship:	Phone number:
Name:	Relationship:	Phone number:
Name:	Relationship:	Phone number:

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 release form.

Parent or legal guardian signature

Date signed