

**East Palmyra Christian School
Medical Release**

Dear Parent:

Please fill in the following medical release form so that in case of accident, the doctor might start immediate treatment.

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Dear Hospital Personnel:

Doctors and hospital personnel have our permission to treat my/our child/children in the manner that they deem best for any injuries during the school term. Our children are:

1. _____ 4. _____
2. _____ 5. _____
3. _____

Doctor's Name _____ Phone No. _____

Health Insurance Company _____

Insurance Identification/group number _____

Comments or restrictions: _____

Emergency phone numbers to reach parents _____

If unable to reach parents please call:

_____ relationship to child

_____ phone number

_____ address

I/We, the parents, do sign such permission _____

Date: _____