

**East Palmyra Christian School  
Medical Release**

Dear Parent:

Please fill in the following medical release form so, 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 child(ren) in the manner that they deem best for any injuries during the school term. Our children are:

1. \_\_\_\_\_ DOB: \_\_\_\_\_
2. \_\_\_\_\_ DOB: \_\_\_\_\_
3. \_\_\_\_\_ DOB: \_\_\_\_\_
4. \_\_\_\_\_ DOB: \_\_\_\_\_
5. \_\_\_\_\_ DOB: \_\_\_\_\_
6. \_\_\_\_\_ DOB: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_  
Phone number

Health Insurance Company: \_\_\_\_\_

Insurance ID/group number: \_\_\_\_\_

(Please star any child who has different information & add that information onto back of this page or wherever it fits.)

Comments or restrictions for this medical treatment release: \_\_\_\_\_

\_\_\_\_\_

Names and phone numbers of parents: \_\_\_\_\_

Name Phone number

\_\_\_\_\_  
Name Phone number

If unable to reach parents please call:

\_\_\_\_\_  
Name(s) Relationship to child Phone number

I/We, the parents, do sign such permission: \_\_\_\_\_

Parent Signature

Date

I understand that it is my responsibility to contact the office and complete a new form whenever there are necessary changes.

\_\_\_\_\_