Medical Release Form

In case of emergency, I grant consent to: John Beckman
to authorize medical care for my minor child/children if he is unable to reach us at the phone number(s) below:

_____

_____

Our family doctor is: _____

The hospital we use is: _____

Allergies: _____

Contact me immediately at: _____

Alternative contact name and number: _____

Signature: _____

Name: _____

Address: _____

Phone: _____

Date: _____

Students Name(s): _____

_____

_____

_____