Medical Release Form

We, _____, residing at

_____

_____

hereby give permission to

_____

to authorize medical care for our child/children

_____

_____

_____

_____

in the event of an emergency.

Permission is hereby granted to authorize the appropriate medical care, as ascertained by a certified physician in consultation with the above named caregiver.

Signed _____ Date _____

Witness _____ Date _____