

MEDICAL RELEASE FORM FOR TRUTH SCHOOL JR

I, _____, parent or guardian of _____, authorize the bearer of this document to obtain any and all medical and/or emergency care which in the bearer's opinion is needed by my child. I also accept full responsibility for the payment of any expenses incurred from such medical and /or emergency care.

Parent/Guardian Signature

Date

Cell Phone

Work Phone

Alternate Contact: _____ Phone # _____

Family Physician: _____ Phone # _____

Insurance Company: _____

Policy or Group #: _____

Current medication, allergies or health problems _____

PLEASE FILL IN TOP AND BOTTOM PORTIONS

(Office Copy)

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