

## MEDICAL RELEASE FORM FOR TRUTH SCHOOL

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 and current & significant past health problems \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
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