MEDICAL RELEASE FORM FOR YP SPRING BREAK TRIP 3/14/20-3/18/20

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

 Home Phone # Work Phone #

Alternate Contact: Phone #

Family Physician: Phone #

Insurance Company:

Policy or Group #

Current medication, allergies, current & significant past health problems

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