

MEDICAL RELEASE FORM

CHILD'S NAME \_\_\_\_\_

PARENT/GUARDIAN EMERGENCY CELL PHONE# \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_ PHONE# \_\_\_\_\_

If an emergency need should arise, I hereby give my permission for the Manchester Church of the Brethren personnel to obtain care for my child from a licensed physician. I also give permission for my child to be taken to a medical facility. If I cannot be contacted, I authorize the administration of the Manchester Church of the Brethren to act in my behalf, relative to emergency, medical treatment for my child.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent/Guardian