

WESTSIDE CHRISTIAN SCHOOL - MEDICAL RELEASE FORM

Notice To All Emergency Personnel:

I hereby give consent to any medical/emergency personnel to administer necessary treatment to my child (print name) _____ in an emergency if I cannot be contacted. I give consent for him/her to be transported by ambulance if needed.

Signature of parent or guardian Date _____

State of Florida, Pinellas County

On the _____ day of _____, _____, before me came _____, to me known to be the individual described in and who executed the foregoing instrument and acknowledged that they executed the same.

Notary Public

PLEASE PRINT CLEARLY & COMPLETE ALL BLANKS

Child's Legal Name: _____

Address: _____ City: _____

Phone: _____ DOB: _____

Allergies of Child: _____

List any/all medications currently taking: _____

Date of last tetanus shot: _____

Doctor's Name: _____ Phone: _____

Hospital preference: _____

Insurance Co. for child: _____

Policy Number: _____ Group Number/Name _____

Policy Expiration Date _____

EMERGENCY NUMBERS

Father's Name: _____ Mother's Name _____

Father work: _____ Mother work: _____

Father cell phone _____ Mother cell phone _____

Home Number: _____ Other: _____

Emergency Contact name other than parents:

Name: _____

Address: _____ City: _____

Home Phone: _____ Work Phone: _____