

Medical Release Form

To be completed by Legal Guardian

I hereby give permission to secure immediate medical treatment for my child in the event of an accident, injury or illness. I am the legal guardian of the child listed below.

(Child's Name)

This authorization to treat the aforementioned will remain in effect from the date June 22 through June 28, 2008.

(Guardian's Signature) Date: _____

Guardian Contact Information:

Home Phone: () _____ Cell: () _____

Work Phone: () _____

Notary Public Information

(To be completed by Notary Public)

State of _____

County of _____

This authorization was sworn to before me and subscribed in my presence this _____ day of _____, _____

NOTARY PUBLIC SIGNATURE

My Commission Expires: