

**East Palmyra Christian School  
Medical Release**

Dear Parent:

Please fill in the following medical release form so that in case of accident, the doctor might start immediate treatment.

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Dear Hospital Personnel:

Doctors and hospital personnel have our permission to treat my/our child/children in the manner that they deem best for any injuries during the school term. Our children are:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Health Insurance Company \_\_\_\_\_  
\_\_\_\_\_

Insurance Identification/group number \_\_\_\_\_

Comments or restrictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency phone numbers to reach parents \_\_\_\_\_  
\_\_\_\_\_

If unable to reach parents please call:

\_\_\_\_\_ relationship to child

\_\_\_\_\_ phone number

\_\_\_\_\_ address

I/We, the parents, do sign such permission \_\_\_\_\_

Date: \_\_\_\_\_