

LIFELONG EDUCATIONAL OPPORTUNITIES MEDICAL RELEASE FORM

I, _____(Parent/Guardian's Name) hereby give permission for any and all medical attention to be administered to my child _____(Child's Name) in the event of accident, injury, sickness, etc. under the direction of the person(s) listed below, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This permission includes, but is not limited to, the administration of first aid and the use of an ambulance. This release is effective for the period of one year from the date given below.

CHILD'S NAME: _____

KNOWN ALLERGIES: _____

ADDRESS: _____

INSURANCE COMPANY: _____

POLICY NUMBER: _____

PHYSICIAN: _____

ADDRESS: _____

PHONE NUMBER: _____

In case I cannot be reached, any of the following persons is designated to act on my behalf:

1. _____

2. _____

3. _____

SIGNATURE (PARENT/GUARDIAN): _____

DATE: _____

