

**RELEASE FOR EMERGENCY TREATMENT FOR SCHOOL
STUDENTS/SPORTS RELATED ACTIVITIES**

I, _____ (PARENT/GUARDIAN)

of _____, Hereby authorize Emergency Room treatment for my child/student. I understand that I can not always be reached in case of an emergency, and I do grant a hospital, ER Physician on duty (or Physician requested will be called), Paramedics, or Trainers to go ahead with the treatment that is deemed **necessary**. I also understand that the Emergency Room Clerk will try to get in touch with me the moment my child is brought into the Emergency Room.

Emergency Phone #: _____

Student Information

Student Name: _____		Date of Birth: _____	
S.S. # _____		Home Phone: _____	
Address: _____			
Allergies/Medical Problems: _____			

Insurance Information

Name of Insured: _____	
Insurance Company: _____	
Policy Number: _____	

Additional Emergency Phone Numbers

Name: _____	Number: _____
Relationship: _____	
Name: _____	Number: _____
Relationship: _____	

I understand that this release only covers the dates listed below:

FROM: _____ TO: _____

SIGNATURE: _____ Date: _____