

# Medical Information and Release

**Hospital/Clinic Preference:**

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**Physician's Name and Phone Number:**

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**Insurance Company and Policy Number:**

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**Allergies/Special Health Considerations:**

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I authorize all medical and surgical treatment, x-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of emergency.

**Parent's/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Participant (Print):** \_\_\_\_\_