



students on stage @ etc

Medical Emergency Release Form

I give permission for my child _____
(First) (Last)

to be given emergency medical or surgical management (including diagnostic studies and treatment) at an emergency room in the event the parent or guardian cannot be reached.

Parent/Guardian Signature

Parent/Guardian Name (printed)

Date

Emergency Contact Information

Parents/Guardians:

Home Phone: _____ Work Phone: _____
Cell Phone: _____

Address (including city and ZIP):

Other Emergency Contact Name and Phone: _____