

Kid's World Medical/Emergency Release Form

In the event of an emergency or non-emergency situation requiring medical treatment, I, _____, hereby grant permission for any and all medical and/or dental attention to be administered to my child, in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.

Child's Name: _____ DOB: _____

Address: _____

City, State, Zip: _____

Home Phone #: _____ Parent Cell Phone #: _____

Child's Physician: _____ Phone #: _____

Physician's Address: _____

Hospital Preference: _____

List all Known Medical Conditions, Including Food Allergies and/or Drug Allergies:

List Any and All Over-the-Counter and/or Prescription Drugs Taken Regularly:

Primary Insurance Company: _____

Phone #s: _____

Billing Address: _____

Policy Holder's Name: _____

Address: _____

Relationship to child: _____

ID #: _____ Group/Policy #: _____

Parent/Legal Guardian

Signature: _____ Date: _____