

To Whom It May Concern:

Release dates 1/01/10 - 12/31/10

As a parent/guardian of the child named below, I do herewith authorize the treatment by a qualified and licensed medical doctor in the event of medical emergency which in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Child (Please Print) _____ **Son / Daughter (circle one)**

This release form is completed and signed of my own free will for the purpose of authorizing medical treatment under emergency circumstances.

Signed _____ Phone # _____

Physician or Provider: _____ Phone # _____

Specific medical allergies, chronic illnesses or other conditions. _____

Alternate contact: _____ Phone # _____

NOTE: A separate medical release must be filled out for every registrant !!

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