Career and Technology Education Department

Medical Release Form

_____ School Year

Student Name_____
First Last

I give our permission for the health center or hospital staff to administer the necessary aid immediately to my child _____ should he or she become injured or sick and to do so without having to wait until I am contacted.

Parent's/Guardian's Name _____

Address _____
Street City Zip Code

Home Phone _____ Business Phone _____

Insurance Company _____

Policy No. _____

Any Medicine or Food Allergies _____

Family Doctor _____ Phone _____

_____ _____
Parent's/Guardian's Signature Date

Print Form *Reset Form*