

MEDICAL RELEASE FORM

Please print all information

I, _____, parent or legal guardian of
_____, born _____,

do hereby consent to any medical care and the administration of anesthesia determined by a physician to be necessary for the welfare of my child while said child is under the care of Lakehoma Sponsors and I am not reasonably available by telephone to give consent. This authorization is effective from August 15, 2019 to August 14, 2020.

Signature of Parent or Legal Guardian _____

Notary _____ State of: _____ County: _____

Signature Date Commission Expires

This additional information will assist in treatment if it can be furnished with the consent but is not required.

Family address _____

Phone: Father _____ home _____ work _____

Phone: Mother _____ home _____ work _____

Child's Birthdate _____ Last Tetanus _____

Allergies to drugs or foods _____

Special Medications, Blood Type or Pertinent Information

Child's Physician _____ Phone _____

Insurance _____ Policy # _____

Preferred Hospital _____

This consent form should be taken with the child to the hospital or physician's office when the child is taken for treatment.