

Medical Release Form

List ALL special medications, dosages and medical disorders:_____

Allergies:_____

Date of last Tetanus shot:_____

Name and phone number of Family Physician/Medical group:_____

Insurance company and policy number:_____

Name of Emergency contact person:_____

Day phone number for contact:_____

Evening phone number for contact:_____

In the event of illness or emergency, I _____, here by
authorize, the group leader, _____, to make a decision regarding
treatment, to hospitalize/or to order injection, anesthesia or surgery.

Signed:_____ Date:_____