

MEDICAL RELEASE FORM

Name: _____

Emergency Contact: _____

- Name _____
- Phone _____

Health Insurance Company _____

- Insurance I.D. Number _____
- Hospital preference _____

Allergies: _____

Prescription drugs we should know about (in case of emergency)

Medical conditions we should know about (in case of emergency):

Permission to arrange for emergency treatment:

Signature

Over - map