

Medical Release

The following MEDICAL RELEASE Form is required for ALL MINORS

Authorization to Consent to Treatment of a Minor

I, as the undersigned parent or guardian of _____, a minor, do hereby authorize: *(Print child's full name)*

Minnesota William Sears Bahá'í School, or its designated representative, agent(s) for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. As the parent/guardian of a minor under the age of 18, I understand that this authorization enables Minnesota William Sears Bahá'í School to arrange medical care for my dependant minor in the event I am unavailable.

I understand that I am responsible for payment of any and all medical expenses incurred on behalf of my dependent minor. This authorization shall remain effective from 08/02/2018 to 08/05/2018, when my child is attending the Minnesota William Sears Bahá'í School.

Parent/Guardian Signature: _____

Date: _____

Home Phone		
Cell Phone		
Additional Emergency Contact		
	Contact Name	
	Phone Number	
Medical Insurance Company		
	Policy Number	
Family Physician Name		
	Phone Number	

List any Allergies, Handicaps, Limiting Health Conditions, Medications, Reactions to Medications:
