



Talk and Play Medical Release Form

Please complete the Medical Release Form which will allow us to provide emergency care. In case of emergency, we will make every effort to contact you before seeking medical assistance. It is essential that you provide accurate information regarding how we may reach you. Please inform us of any changes.

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency, which in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. The authority is granted only after a reasonable effort has been made to reach me.

Name of Minor _____ DOB _____

Relation _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed _____ Date _____
Parent/Legal Guardian

Name of Parent/Legal Guardian: _____

Name of Parent/Legal Guardian: _____

Parent/Guardian Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Alternate Phone: _____

Primary Care Physician: _____

Address: _____ Phone Number: _____

Please indicate specific medical allergies, chronic illness or other conditions including medication being taken:

Date of Last Tetanus Shot: _____

Other contact in case of an emergency:

Name: _____

Address: _____

Phone Number: _____ Relationship: _____

Medical Insurance Company: _____

Policy Number: _____

Additional information, instructions, comments and remarks: