

MEDICAL RELEASE FORM

I, the undersigned parent or guardian of _____, a minor, do hereby authorize **Green Acre** 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 **Green Acre** 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 _____, 2019 to _____, 2019, when my child is attending the _____ at **Green Acre** Bahá'í School.

Parent/Guardian Signature: _____ Date: _____

Emergency Contact Name and Telephone: _____

Family Physician Name and Telephone: _____

Medical Insurance Company: _____

Policy Number: _____

Additional Emergency Contact (*in the event parent cannot be reached*): _____

Telephone: _____

List Allergies, Disabilities, Limiting Health Conditions, Medications, Reactions to Medications