SAMPLE MEDICAL RELEASE

Permission Form for Medical Treatment
Mechanicsville Rotary Christmas Parade

(Please print or type all information and attach a copy of both sides of your insurance card.)

Name _____ Birth Date _____

SS # _____

I, the undersigned, being the parent or legal guardian of the person named above, hereby authorize any necessary medical treatment for this person while participating in the Mechanicsville Rotary Christmas Parade. I guarantee payment of all charges incurred for medical treatment (physician, hospital, X-ray, lab, medications, ambulance, etc.) I give my permission for the above named person to receive first aid treatment have administered over-the-counter medicines as the need arises.

1. Allergies to food, medication, etc. (if none, so state)

_____

2. Allergies to insect bites and stings. Please describe minor's reaction and medicine taking(If none, so state)

_____

2. Special medical problems (If none, so state)

_____

4. Medication taken regularly (If none, so state)

5. Date of last tetanus shot_____

Father's Name _____Mother's Name _____

Parent's address_____

City _____ State _____Zip _____ Phone_____

Father's work phone _____

Mother's work phone _____

Name of person if parents cannot be reached _____Phone_____

Parent or legal guardian_____ Date _____

Insurance Company _____Policy Number _____

Subscribed and sworn to me before this _____ day of _____