

EMERGENCY MEDICAL RELEASE

(Please type or print in ink)

I _____ parent or legal guardian of _____, do hereby consent to any hospital, medical or surgical care and treatment, and the administration of anesthesia, determined by a qualified physician to be necessary for the welfare of my child, while said child is under the care, custody and control of **Mollie Beutler, Sara Hale, Beth Nelson, Kathy Webber, Matthew Sturtevant, and/or Kimberly Sturtevant**, on **January 1, 2006, through December 31, 2006**, and I am not reasonably available by telephone to give consent.

Family address _____
street city state zip

Telephone: Father: () _____ (home) () _____ (work)
Mother: () _____ (home) () _____ (work)

Child's Birthday: _____

Date of last tetanus shot: _____

Allergies to foods or drugs: _____

Special medication, blood type or pertinent information: _____

Family physician _____ Phone () _____

Office address _____

Insurance Company _____

Policy Number _____

Dated this _____ day of _____, 20_____.

(Parent or Guardian) Notary Public

My appointment expires _____.