## Meadowlane Christian School

5810 S. Meadowlane, Road Spokane, WA 99224

## 509.327.4441

## MEDICAL RELEASE FORM (Authorization for Treatment of a Minor)

It is difficult to obtain medical services for injured children without first obtaining parent/guardian consent in writing. So proper emergency assistance may be provided, we ask you fill out the following, sign and return it to Meadowlane Christian School.

Child's Name:				Birth Date:
Address:	Last	First	Middle.	Home Phone:
Mother/Guardian's Name:				Cell Phone:
Work Place and Location:				Work Phone:
Father/Guardian's Name:				Cell Phone:
Work Place and Location:				Work Phone:
Emergency Contacts Name and Phone:  (Please list the minimum of 2 and list any additional on the back)				
Name:			Phone:	Cell Phone;
Relationship to	Child:			
Name:	··		Phone:	Cell Phone:
Relationship to	Child:			
Physician's Nan	ae:			Phone:
Allergies (drugs	or food):	<u> </u>		
Current Medicat	tions:			
Last Tetanus Im	munization:	Date		
Other Information	on Necessary for Tr	reatment:	<del></del> .	
Insurance Comp	nsurance Company: Po			cy #:
If I am unable	to be reached to p			signed parent or legal guardian of owlane Christian School and their
staff/faculty me	embers in charge	of my child to consent i	n any emergency situ	ation to any medical of surgical
procedure and to obtain all necessary medical care for my child and I hereby authorize any licensed physician				
and/or medical personnel to render necessary treatment to my child.				
Signed	Parent/Guardian			Date:
Witnes	s;		· · · · · · · · · · · · · · · · · · ·	Date: