

**St. Mary of the Presentation
ANNUAL MEDICAL RELEASE FORM**

Family Name

Child _____

Child _____

Child _____

Child _____

Parent/Guardian _____

Home# _____ Cell _____

email _____

INSURANCE CO _____

POLICY HOLDER'S NAME

RELATIONSHIP TO POLICY HOLDER

POLICY # _____

IN CASE OF AN EMERGENCY NOTIFY: _____

Home# _____ Cell _____

MEDICAL INFORMATION

1. Does your child/children have any allergies? ___ Yes ___ No

Names: _____

If "yes", please list

2. Does your child have medication of any type with them? Yes _____ No _____

If "yes", please list.

3. Is there any other physical or emotional condition of which we need to be aware of?

Yes _____ No _____

Parent/Guardian signature: _____ Date _____

In the event of any emergency, I give authority to the accompanying adult(s) to authorize treatment. I understand that an attempt to notify me will be made before any treatment is authorized.