

MEDICAL EMERGENCY RELEASE FORM – MINOR CHILD

I, _____, certify that I am the parent or legal guardian of the minor child listed below, and as such, I hereby convey temporary authority to the below designated Angel's Harbor Supervised Visitation, Inc. for the sole purpose of obtaining or arranging any emergency medical care for the minor child as may be deemed necessary for the well-being of my child when not accompanied by a parent/legal guardian or should either parent/legal guardian be unreachable by telephone.

THEREFORE, I hereby approve and empower Angel's Harbor Supervised Visitation, Inc. with the authority to arrange and/or consent for all emergency medical care and treatment of my child in my absence.

1. Child's Name: _____

Date of Birth: _____

Allergies: _____

Medical Conditions: _____

Current Medication: _____

2. Child's Name: _____

Date of Birth: _____

Allergies: _____

Medical Conditions: _____

Current Medication: _____

3. Child's Name: _____

Date of Birth: _____

Allergies: _____

Medical Conditions: _____

Current Medication: _____

4. Child's Name: _____

Date of Birth: _____

Allergies: _____

Medical Conditions: _____

Current Medication: _____

(Signature of Parent/Legal Guardian)

(Date)

(Relationship to Child)

(Home/Work Number)

(Cell Number)