MEDICAL & DENTAL RELEASE FORM FOR MINOR

Child's Name: _____ Date of Birth:_____

Address: _____

Telephone Number: _____

Parent/Legal Guardian: _____

Address: _____

Home/Work Telephone: _____

Cell Telephone: _____

Allergies: _____

Medical Conditions: _____

Current Medications: _____

_____

PRIMARY CHILD CARE PROVIDER

_____ _____

(Primary Child Care Provider Name) (Relationship to Minor Child)

_____ _____

(Home/Work Telephone Number) (Cell Phone Number)

AUTHORIZED EMERGENCY CONTACTS

_____ _____

(Emergency Contact Name) (Relationship to Minor Child)

_____ _____

(Home/Work Telephone Number) (Cell Phone Number)

HEALTH INSURANCE & DOCTOR INFORMATION

Insurance Company: _____

Policy Number: _____

Group Number: _____

Physician's Name: _____

Address: _____

Telephone Number: _____

I, _____, certify that I am the parent or legal guardian of the minor listed above, and as such, I hereby convey temporary authority to the below designated adults for the sole purpose of obtaining or arranging any emergency medical or dental care for the minor 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 On Solid Grounds Staff & Volunteers with the authority to arrange and/or consent for any and all emergency medical/dental care and treatment of my child in my absence.

(Signature of Parent/Legal Guardian)	(Date)
(Name of Parent/Legal Guardian)	(Relationship to)
(Home/Work Number)	(Cell Number)