

MEDICAL RELEASE FORM - CHILD CARE



The purpose of this form is to give permission to the Pats Peak Ski Patrol, Nursery Staff, any responding ambulance service and/or Concord Hospital to provide emergency treatment for your child in the event of illness or an injury. In the event of serious injury or illness, every attempt will be made to contact the legal guardian listed below at the phone number listed. Emergency medical treatment however, will not be delayed while trying to make this contact.

Date: _____

Child's Name: _____ Nick Name: _____

Date of Birth: _____ Age: _____

Address: _____ Home Phone: _____

Town: _____ State: _____ Zip: _____

Parent's Name: _____

Cell # or Pager #: _____

Local Address If Visiting: _____ Phone: _____

Any Health Concerns: _____

Medications Presently Taken: _____

Any Food or Drug Allergies: _____

Any Additional Information: _____

(We) (I) hereby grant permission to secure such emergency medical care as _____
may require. (Print name of your child)

Signature of parent or legal guardian (Print name and relationship)

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