

MEDICAL RELEASE FORM

2023 Florida Summer School of Truth

Child 1: _____ Birth date: ___ / ___ / ___ Grade in Fall '23: _____

Child 2: _____ Birth date: ___ / ___ / ___ Grade in Fall '23: _____

Child 3: _____ Birth date: ___ / ___ / ___ Grade in Fall '23: _____

I, _____, parent or guardian of the above named child(ren), authorize the bearer of this document to obtain any and all medical and/or emergency care which in the bearer's opinion is needed by my child(ren). I also accept full responsibility for the payment of any expenses incurred from such medical and/or emergency care.

Parent/Guardian Signature

_____/_____/_____
Date

Primary Phone

Alternate Phone

Alternate Contact: _____

Phone Number: _____

Name of Family Physician: _____

Phone Number: _____

Name of Insurance Company: _____

Policy or Group #: _____

Current Medication, Allergies or Health Problems:

Child 1:

Child 2:

Child 3:

