

Emergency Release for Treatment

This form should be completed by parents and given to the temporary guardian for use if emergency attention is required.

(Please print)

We, _____ and _____
(father) (mother)

the parents of _____

_____ (names of minor children)

give temporary guardianship of said children to: _____

while we are away from _____ to _____.

The named guardians have full authority to sign and approve any emergency medical care that the above mentioned children may require during our absence.

The children's primary care physician is: _____
(name and telephone number)

Known allergies include: _____

Present medications include: _____

Should notification be necessary, our address is:

Telephone: _____

_____ (signature of father)

_____ (signature of mother)

_____ (home address)

Date: _____