

MEDICAL TREATMENT RELEASE FORM

To Whom It May Concern:

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed Medical Doctor in an emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: _____

Relationship to you: _____

Reason for which release is intended: Gaylord Right to Life Red Eye Washington DC Trip - leaving Gaylord Thursday, January 23, 2020, and returning on Saturday, January 25, 2020.

Address of Minor: _____

Phone: _____ **Emergency Phone:** _____

Family Physician: _____

Phone: _____ **Address:** _____

List any allergies, medications, contacts, or other pertinent comments:

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

THIS FORM MUST NOTARIZED AND SEALED

Date: _____ Signed: _____

(Parent or Guardian)

Subscribed and sworn to before me:

State of: _____ County of: _____

This _____ day of _____ 20____

Notary Public