

Emergency Medical Release Form

In the event of an emergency, Spread The Word Education homeschool co-op, or a member acting on its behalf, has my permission to call an ambulance to transport my child(ren) to a medical facility for emergency care. I will assume all financial responsibility for all expenses incurred on behalf of my child(ren).

If possible, please direct ambulance to _____.
(name of hospital)

My child(ren)'s primary care physician is:

Physician's Name	City	Phone number
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In the event that our physician cannot be reached, I give permission for any licensed physician to provide emergency treatment as deemed medically necessary for my child(ren).

Parent/Guardian Name(s) - PRINTED	Phone numbers
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Parent/Guardian Signature	Date
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Please list any medical conditions, long-term medications, and/or allergies that we would need to be aware of to ensure proper treatment of your child(ren). **Please fill in their names and birthdates even if they do not have any medical conditions, etc.**

Child's Full Name	Birthdate	Medications & Allergies
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you have **no** important medical information about your child to share, please put **none** in the space provided. Please use the back of the form if needed.