

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 |
|------------------|------|--------------|

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 |
|--|---------------|

| | |
|---------------------------|------|
| Parent/Guardian Signature | Date |
|---------------------------|------|

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.