

**WINTER MAGIC  
MEDICAL/DENTAL RELEASE FORM**

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor/dentist of the minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, or 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 \_\_\_\_\_ Date of Birth \_\_\_\_\_

Relationship \_\_\_\_\_ Date of last Tetanus Booster \_\_\_\_\_

Dates when release is intended \_\_\_\_\_

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

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(father/mother/legal guardian)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell) \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

**Emergency contact** (if parent/guardian is unreachable):

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell) \_\_\_\_\_

(This form is no longer required to be notarized)