

MEDICAL RELEASE FORM

In the event of illness, medical emergency, or injury occurring to my child while under the care of _____ (babysitter or other caregiver), I consent for appropriate fire department and emergency medical services staff or their designees to render emergency treatment and/or authorize medical treatment at a hospital, urgent care center, or other appropriate licensed medical facility or office including examination, X-ray, anesthesia, medical or surgical diagnostic procedures or treatment that is considered necessary for the welfare of my child. I further agree to hold the fire department and emergency medical services staff or their designees as well as hospital, urgent care center, or other appropriate licensed medical facility or office staff harmless for the administration of such appropriate emergency assistance in my absence.

It is understood that in the event of a serious illness or injury, reasonable effort to reach the following people will be attempted.

PHONE NUMBERS FOR PEOPLE TO BE CONTACTED:

(____) _____ and (____) _____

NAME: _____ NAME: _____

DATED this _____ day of _____, 20____.

Typed or Printed Name Relationship to Child

Signature

STATE OF FLORIDA
COUNTY OF LAKE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared _____, () personally known to me or () who produced _____ as identification, to be the person described in and who executed the foregoing and that ()he/()she acknowledged before me that ()he/()she executed the same.

Witness my hand and official seal this _____ day of _____, 20____.

Notary Public