

Release for Emergency Medical Services

School Year: _____ to _____

Dear Parents:

In case of a medical emergency, the school must be able to ensure adequate and appropriate treatment for your child. To do so, a medical release is necessary. Please complete the release below and return it immediately to school. In the event of a medical emergency requiring professional medical attention while at school, your child will be taken to Capital Health (Hopewell location) by ambulance. You will be notified immediately. A designated staff member will accompany the child until you arrive.

Medical Release

I/We grant permission to take my child _____, to an appropriate medical facility so that he/she may be provided with emergency medical attention when required. I will not hold the school financially responsible for the emergency care and/or transportation of my child. Your signature below is not sufficient for the release of confidential information protected by law.

Special instructions: (Please indicate any allergies to medication, etc.): _____

Signature of Parent/Guardian

Parent/Guardian Name (printed)

Date