

Jubilee Junction Medical Release

Child's Full Name	Age	Birthdate	Sex Male Female
Parent/Guardian Name		Phone	
Address	City	Zip	

Health History: (If answer is 'yes', please explain)

Any physical or mental impairment? _____

Any recent serious illnesses? _____

Any chronic illness/hospitalizations? _____

Any allergies? _____

Any medication prescribed on a regular basis? _____

Has child been toilet trained? Yes No

Are there any parent concerns? _____

PARENT AUTHORIZATION FOR EMERGENCY MEDICAL CARE

In the event I cannot be reached to make arrangements for emergency medical care at the time of an illness or accident for my child, _____, I hereby authorize the adult(s) in charge to consent to medical treatment and, if necessary, transport my child to:

Name of Hospital		
Name of Physician	Physician's Address	Physician's Phone
Signature of Parent or Legal Guardian		Date