



Medical Release Form for Minors

I, _____, Parent or Legal Guardian of _____, a minor child, hereby authorize any assistance, aid and/or transportation which may be necessary in an emergency, and in my absence, for the well-being of the above-mentioned minor. I release the City, its directors, officers, employees and agents from any and all liability which may arise out of assistance, aid or transportation by volunteers who have successfully completed the City's CORE III program.

_____ has the following allergies:

_____ has the following medical conditions:

Hospitalization Insurance: _____

Name of Carrier: _____

Policy Number: _____

Group Number: _____

Signed: _____ Dated: _____

Return this form to: _____

Updated: _____