



## Medical Release for Minor Child

I, \_\_\_\_\_, Parent or Legal Guardian of \_\_\_\_\_, a minor child, hereby authorize any Medical or Surgical treatment which may be necessary in an emergency, and in my absence, for the well being of the above mentioned minor. I agree to hold Moore's Sewing Centers, the physician and Hospital treating the above mentioned minor, harmless.

### Parent/Legal Guardian contact information:

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

The above mentioned minor has the following allergies or Medical conditions:

\_\_\_\_\_

\_\_\_\_\_

### Insurance Information:

Name of Company \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

### Child can also be released to:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Do not release minor to:

\_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_

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