



Career and Technology Education Department

Medical Release Form

\_\_\_\_\_ School Year

Student Name \_\_\_\_\_  
First Last

I give our permission for the health center or hospital staff to administer the necessary aid immediately to my child \_\_\_\_\_ should he or she become injured or sick and to do so without having to wait until I am contacted.

Parent's/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip Code

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy No. \_\_\_\_\_

Any Medicine or Food Allergies \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Parent's / Guardian's Signature Date