

First Baptist Academy
2700 N. Palm Ave.
Cooper City, FL 33026
954-404-7706

Medical Release Form & Information Sheet 2017-2018 School Year

To Whom It May Concern:

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor, in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: _____ Relationship: _____

This release form is completed and signed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, in my absence.

Signature of Parent or Guardian

Family Physician _____ Phone _____

Ins. Co. Name: _____ Policy# _____ Phone _____

Is the child's health such that he is able to participate in a regular school program, including all activities in the curriculum such as physical education, recess and classroom activities of an active nature? _____

If not, please indicate the limitations: _____

Specific medical allergies, chronic illnesses, or other conditions: _____

