

## Emergency Release for Treatment

This form should be completed by parents and given to the temporary guardian for use if emergency attention is required.

(Please print)

We, \_\_\_\_\_ and \_\_\_\_\_  
(father) (mother)

the parents of \_\_\_\_\_

\_\_\_\_\_  
(names of minor children)

give temporary guardianship of said children to: \_\_\_\_\_

while we are away from \_\_\_\_\_ to \_\_\_\_\_.

The named guardians have full authority to sign and approve any emergency medical care that the above mentioned children may require during our absence.

The children's primary care physician is: \_\_\_\_\_  
(name and telephone number)

Known allergies include: \_\_\_\_\_

Present medications include: \_\_\_\_\_

Should notification be necessary, our address is:

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_  
(signature of father)

\_\_\_\_\_  
(signature of mother)

\_\_\_\_\_  
(home address)

Date: \_\_\_\_\_