



80 Cummings Park
Woburn, Ma 01801
(781) 933-9003

Medical Release Form

I, _____ (parent/guardian's name) hereby give permission for any and all medical attention to be administered to my child _____ (child's name) in the event of accident, injury, sickness, etc., under the direction of the physician(s) listed below or at any necessary emergency facility, until such time as I may be contacted. I also assume the responsibility for payment of any such treatment. This release is effective for the period of one year from the date given below.

Address: _____

Home Phone: _____

Insurance Company: _____

Policy Number: _____

Child's Physician: _____

Address: _____

Phone: _____

Known Allergies: _____

Signature (Parent/Guardian) _____

Date _____