

BEDFORD RECREATION
MEDICAL RELEASE FORM FOR EMERGENCY

Authorization for medical, surgical, and/or diagnostic procedures:

Minor's Name:

Parent's Name:

Address:

Home Phone:

Emergency Phone (not home):

Emergency Name & Relationship:

Health Insurance Company:

Policy Number:

Minor's Physician (name & phone number)

Minor's Preferred Hospital

Minor's Date of Birth:

Special medical conditions or allergies:

Allergies to medicines:

Medicines presently taking:

I hereby authorize the performance of medical, minor surgical or diagnostic procedures, including the administration of local anesthesia, which may be deemed necessary or advisable by the attending physician or surgeon in the diagnosis, and emergency treatment of my son or daughter in the event that I cannot be reached for direct authorization of treatment.

Signature of parent or legal guardian: _____ Date: _____