

**MEDICAL RELEASE FORM**  
**For all Highland Park Youth Activities in 2011**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Home: \_\_\_\_\_ Cell/Work: \_\_\_\_\_

In case we cannot be reached during an emergency, I (we) the undersigned give permission for our child to be treated by a licensed physician, and for said physician to administer whatever care is necessary, including anesthesia, for their safety and care.

Name of insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

Please note any medical allergies, medical problems, medications being taken or other information that is pertinent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_