

# ILLUMINATE Medical Release Form

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Parents' / Primary Guardian Names: \_\_\_\_\_

**Mom:** Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

**Dad:** Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

**Alternate Contact** \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date of Last Tetanus Shot: (mo/day/yr) \_\_\_\_/\_\_\_\_/\_\_\_\_

**ALLERGIES** (Foods and Medications): \_\_\_\_\_

**MEDICAL CONDITIONS** \_\_\_\_\_

I/We, the undersigned parent or legal guardian of \_\_\_\_\_, a minor, do hereby authorize the adult workers of ILLUMINATE, to consent to any medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Further, as parent or guardian of the minor named above, I do hereby express consent that my son/daughter may receive emergency medical treatment from any physician, dentist, hospital, or other medical center without the necessity of first notifying me, and do further agree to hold blameless any physician, dentist, hospital or other medical center for rendering such services. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned minor pursuant to this authorization.

Should it be necessary for our (my) son/daughter to return home due to medical reasons or otherwise, the undersigned shall assume all transportation cost. The undersigned does also hereby give permission for our (my) son/daughter to ride in any vehicle designated by the adult in whose car the minor has been entrusted while attending and participating in activities sponsored by ILLUMINATE. All provided health information is correct as far as I know, and the minor above has permission to engage in all prescribed activities except as noted.

X \_\_\_\_\_

**Primary guardian's signature**

**Date**