

Medical Release and Information Form

Names of Minors	Birthdate(s)	Grade	Identify allergies, special conditions, medication currently taking, tetanus
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I/We being the parent(s) or legal guardian(s) of the above named minor(s) do hereby appoint:

Mt Olive Recreation Staff and Chaperones

Name	Address	Phone
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Name	Address	Phone
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to act in my/our behalf in authorizing unexpected medical and hospital care excluding major elective surgery for the above named minor(s) during the period of my/our absence from:

January	1	2012	-	March	31	2012
Month	Day	Year	through	Month	Day	Year

Signature	Date	Signature	Date
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Print Parent/Guardian Name	Print Parent/Guardian Name
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Address	Address
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City	State	City	State
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Hospitalization coverage for above named minor(s):

Insurance Company	Identification/Contract Number
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Physician Name	Phone	Physician Name	Phone
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NOTARY	DATE
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My Commission expires:

seal