

Poplar Schools Medical Release Form

I, _____, Legal Guardian of _____

A minor child, hereby authorize any Medical or Surgical treatment which may be necessary in an emergency and in my absence, for the well-being of the above mentioned minor.

Address and contact information:

The above mentioned minor has the following allergies or Medical conditions:

Insurance information:

Name of Company _____

Policy # _____ Group # _____

Signature _____