

## 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 \_\_\_\_\_